



NAVAJO NATION DIVISION OF SOCIAL SERVICES

Professional Standards, Ethics & Case Management Protocol

MARCH 18, 2008

Authored By: NNDSS Quality Assurance Office

RESOLUTION OF THE
HEALTH AND SOCIAL SERVICES COMMITTEE
OF THE NAVAJO NATION COUNCIL

21st Navajo Nation Council - Second Year 2008

AN ACTION

RELATING TO SOCIAL SERVICES; APPROVING THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES PROFESSIONAL STANDARDS AND
ETHICS

BE IT ENACTED:

1. The Navajo Nation hereby approves the Navajo
Nation Division of Social Services Professional Standards
and Ethics, hereto attached as Exhibit A.

2. The Navajo Nation Division of Social Services
Professional Standards and Ethics shall supersede all
previously approved Navajo Nation Division of Social
Services case management policies, including, but not
limited to the Navajo Nation Division of Social Services
Manual Case Management Procedures and Navajo Nation
Division of Social Services Case Management Standards and
Protocols approved by Resolution HSSCD-124-01.

CERTIFICATION

I hereby certify that the foregoing resolution was
duly considered by the Health and Social Services Committee
of the Navajo Nation Council at a duly called meeting at
Window Rock, Navajo Nation (Arizona), at which a quorum was
present and that same was passed by a vote of 4 in favor, 0
opposed, this 18th day of March, 2008.



Harry Hubbard, Pro temp Chairperson
Health and Social Services Committee

Motion: Herman Morris
Second: Harry Claw

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OUR VISION
IS FOR STRONG FAMILIES
& COMMUNITIES
THROUGH WELLNESS, CULTURAL
IDENTITY & SELF-SUFFICIENCY

MISSION:
NAVAJO NATION DIVISION OF
SOCIAL SERVICES WILL
ADVOCATE FOR CHANGE TO
EMPOWER AND TO
STRENGTHEN OUR FAMILIES
AND COMMUNITIES BY
PROVIDING QUALITY,
HOLISTIC, CULTURAL AND
VALUE-BASED SERVICES



NAVAJO NATION DIVISION OF SOCIAL SERVICES

Professional Standards

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NNDSS PROFESSIONAL STANDARDS SUMMARY

STANDARD 1: THE STANDARDIZED PROFESSIONAL STAFFING REQUIREMENTS AND RESPONSIBILITIES.

STANDARD 2: USE PROFESSIONAL SKILLS AND COMPETENCE TO ASSIST THE CONSUMER WHO'S INTERESTS ARE OF PRIMARY CONCERN.

STANDARD 3: THE NNDSS WORKER SHALL ENSURE THAT CONSUMERS ARE INVOLVED IN EVERY PHASE OF SOCIAL CASE WORK PRACTICE TO THE GREATEST EXTENT POSSIBLE.

STANDARD 4: ENSURE THE CONSUMER'S RIGHT TO PRIVACY AND ENSURE APPROPRIATE CONFIDENTIALITY WHEN INFORMATION ABOUT THE CONSUMER IS RELEASED TO OTHERS.

STANDARD 5: INTERVENE AT THE CONSUMER LEVEL TO PROVIDE AND/OR COORDINATE THE DELIVERY OF DIRECT SERVICES TO CONSUMERS AND THEIR FAMILIES.

STANDARD 6: INTERVENE AT THE SERVICE SYSTEM LEVEL TO SUPPORT EXISTING CASEWORK SERVICES AND TO EXPAND THE SUPPLY OF AND IMPROVE ACCESS TO NEEDED SERVICES.

STANDARD 7: MAINTAIN COMPREHENSIVE DATA SYSTEM FOR EVALUATION OF PROGRAM PERFORMANCE, ASSESSING CONSUMER OUTCOME, RESEARCH, ACCOUNTABILITY, REPORTING TO FUNDING SOURCES, AND REIMBURSEMENT PURPOSES.

STANDARD 8: THE NNDSS WORKER SHALL BE KNOWLEDGEABLE ABOUT RESOURCE AVAILABILITY, SERVICE COSTS, AND BUDGETARY PARAMETERS IN PROVIDING CASEWORK ACTIVITIES.

STANDARD 9: CASEWORK PROCESS INCLUDES PLAN DEVELOPMENT WITH THE CONSUMER USING THE FAMILY ASSESSMENT TOOLS AND IS DOCUMENTED USING THE SMART FORMAT FOR ALL CONSUMERS.

STANDARD 10: CARRY A CASELOAD BASED ON THE DIVISION'S ESTABLISHED CASELOAD WEIGHT FACTORS, WHICH ALLOWS FOR EFFECTIVE PLANNING, PROVIDE AND EVALUATE CASEWORK TASKS RELATED TO CONSUMER AND SYSTEM INTERVENTIONS.

STANDARD 11: TREAT COLLEAGUES WITH COURTESY, RESPECT AND ENHANCE INTER PROFESSIONAL, INTRA PROFESSIONAL AND INTERAGENCY COOPERATION ON BEHALF OF THE CONSUMER.

STANDARD 12: PROGRESS NOTES WHICH INCLUDES THE DOCUMENTATION OF EACH CONTACT WITH CONSUMERS, THEIR SIGNIFICANT OTHERS, WITH ANCILLARY TREATMENT OR SERVICES PROVIDERS WILL BE DOCUMENTED IN EACH CONSUMER'S CASE RECORD USING THE NAPX FORMAT.

STANDARD 13: THE DIVISION OF SOCIAL SERVICES WILL MAINTAIN A "SAFE" AND ORGANIZED RECORD KEEPING SYSTEM.

STANDARD 14: THE DIVISION SHALL INFORM THE CONSUMER OF THE RIGHTS OF AN APPLICANT/SERVICE RECIPIENT TO APPEAL ANY DECISIONS OR ACTIONS.

STANDARD 15: THE DIVISION WORKER SHALL ADHERE TO THE ETHICAL RESPONSIBILITY TO THE SOCIAL WORK PROFESSION, PRACTICE, CONSUMERS, AS A PROFESSIONAL AND THE SOCIAL SERVICES CODE OF CONDUCT.

NNDSS PROFESSIONAL STANDARDS

A. Purpose

The Professional Standards and Ethics & Protocols are formulated to provide a fundamental concept of the Division's comprehensive casework practice system. The established Continuum of Service Model is based on the systems theory using the wrap around method of service. The Continuum of Service Model was approved by the Health & Social Service Committee HSSC 124-01.

B. Goal

NNDSS adheres to the core social services values to provide social services with compassion, respect for the person, the culture, and preserve the dignity and worth of the person, advocate for social justice, and the importance of human relationship through integrity and competence of the Division service providers. The intent of the NNDSS Professional Standards and Ethics is to optimize consumer self determination by building on the strengths of the consumer; and include the consumer in the decision making process. NNDSS shall provide quality casework services that address each person's culture needs, explain information to the consumer in the language the consumer is most familiar, provide service in the consumers' own community, and delivery of social services to individuals and families in an efficient and effective manner.

The Case Management programs within the NNDSS that performs casework duties include but not limited to Family Service Unit (Intake, Protective services, Case Management) Financial Assistance, Navajo Children and Family Services, Arizona Long Term Care Services, Developmental Disabilities, Child Care Development Funds, and the Program for Self Reliance (TANF) shall adhere to the NNDSS Professional Standards, NASW Code of Ethics, Social Work Principles, Employee Conduct and Division of Social Services Consumer Rights and Grievance Policy in providing casework services as part of the Navajo Nation Division of Social Services.

The Professional Standards and Protocols should be reviewed annually to include updated information and social work practice adjustments for quality services delivery.

C. Definition

Case Management

The activity of a social services worker in assessing consumer and family status, case planning, coordinating and linking services for consumer, monitoring services provisions and consumer progress, advocacy, tracking and evaluating services provided, such as evaluation of child's

treatment being concurrent with parent's treatment, and provision of aftercare services (NNDSS 638 Case Management Manual).

For the purpose of Professional Standards & Ethics and Protocols, classifications identified which describe casework activities are performed by social workers, case managers, case workers, social service representatives are referenced as assigned worker or case manager.

- D. The Division of Social Services shall implement the continuum of care case management model (COSM) in the delivery of quality social services.

The Division COSM emphasizes standardization of services to be congruent with the mission of the Division. Improving the quality of social services in implementation of the continuum of services model to recognize the importance of family participation and include community based services. The COSM is a case management driven model designed to enhance services and the quality of that service through the wrap around method of intervention and the system of care model. Continuum of Care Services Model is how NNDSS services should be delivered as family/consumer is at the center of that service. COSM recognizes the importance of family, school and community, and seeks to promote the full potential of every family by addressing their physical, emotional, intellectual, cultural and social needs. In the implementation of COSM, once a need has been identified, the worker and the consumer begin the process of completing an assessment to assist in identifying intervention methods.

The plan of action is to empower the consumer to attain self sufficiency and independence to preserve the family unit. The assigned worker documents the consumer link to resources and intervention activities. The worker provides services using various assessment tools facilitates coordination, collaboration, advocacy for services and involves the consumer in every phase of intervention. A multidisciplinary approach in service planning and intervention is emphasized. The consumer, the family, supervisory social workers, program directors, direct line workers and community resources collaborate in staffing cases to ensure that the consumer is linked to all available resources and that services are not duplicated, overlapping, or beyond reason. The COSM focuses on building upon the strengths of the consumer, to promote self-sufficiency, and independence.

The Division continuum of services Model is comprised of the following interlinked components:

1. Referral and Screening
2. Casework Services
3. Specialty Services
4. Financial Services

The Division utilizes the following casework process:

1. Intake/Referral/Screening
2. Assessment, identification of need for service

3. Case plan development
4. Implementation
5. Tracking/Monitoring/Evaluation
6. Aftercare services/Discharge and Outreach

E. Standards for Casework process:

STANDARD 1: THE STANDARDIZED STAFFING REQUIREMENTS AND RESPONSIBILITIES

The caseworker shall have a baccalaureate or graduate degree in the human services field and shall possess the knowledge, skills and experience necessary to competently perform casework activities. In the event that there are no suitable candidates with the above qualifications, individuals with the following qualifications and experience can be employed as caseworkers; Associates' degree in Human Services and a minimum of five (5) years of experience working with individuals and families in need of social services.

The quality of regional/program services and the attainment of standards depend on the quality of the staff. In the Division of Social Services, the social work staff carries the primary responsibility for providing the service for children, families and elders. Under professional direction, staff members with partial or no professional social work education and volunteers can be used for specified activities to carry out the program duties in accordance with approved standards.

Regional/Program Manager:

The Region/Program Manager should have a professional social work education at the masters degree level and licensed in the field of expertise, with training in supervision, experience in child welfare and/or family services including gerontology, administration and coaching skills as well as personal qualities that provide professional support to staff and inspire the confidence of the staff and of the various community agencies with which the agency works. The program manager is responsible to ensure that services are provided in accordance to the various contracts and grants and provides appropriate reports to continue funding.

The manager should be cognizant to not interfere with the relationship between the supervisor and the direct services worker to preserve the chain of command according to the personnel policies and procedures.

Region/Program Manager's supervision is carried out as an administrative function performed through individual teaching, modeling, and consultation.

Social Work Supervisor:

The supervisory staff should have professional social work education at the master's degree level, licensed in their field of expertise, training in supervision, experience in child welfare and/or family services including but not limited to child development, gerontology, administration and teaching skills as well as personal qualities that provide professional support to staff and inspire the confidence of the staff and of the various community agencies with which the agency works.

Supervision is the key to providing competent, goal-directed services, particularly in programs that employ staff members with partial or no professional social work education. Supervision is a continuous process with a dual purpose of promoting a staff member's growth and development on the job and determining whether the staff member meets the requirements and standards of NNDSS.

Supervision is carried out as an administrative function performed through individual teaching, modeling, and consultation.

Supervisors assume a variety of responsibilities, including the following:

Supervisors are responsible for ensuring that an individual contract is worked out with their supervisee who will allow them to present and explore their work as honestly as possible.

Supervisors are responsible for helping supervisees to reflect critically upon their work, while at the same time acknowledging their clinical responsibility remains with the worker.

Supervisors are responsible, together with their supervisee, for ensuring that the best use is made of the supervision time.

Supervisors are responsible for ensuring that any personal or social contact between them and their supervisee's does not adversely influence the effectiveness of the supervision.

Supervisors must not provide counseling and supervision to the same individual, at the same time.

Supervisors must not exploit their supervisees financial, sexually, emotionally or in other ways.

Supervisors have a responsibility to inquire about other relationships which may exist between supervisees and their clients as these may impair the objectivity and professional judgment of supervisee.

Supervisors must recognize and work in ways that respect the value and dignity of supervisees and their clients with regard to issues such as racial/cultural background, gender, age, sexual orientation, beliefs or disability.

Supervisors are responsible for taking action if they are aware that their supervisees' practice is not in accord with governing rules and regulations.

Supervisors are responsible for helping their supervisees recognize when their functioning as a worker is impaired due to personal or emotional difficulties, a condition that affects their judgment, illness, substance abuse, etc.

Supervisors are responsible for ensuring that their emotional needs are met outside the supervision, and that they are not dependent on their relationship with their supervisee.

Supervisors are responsible for consulting with their own supervisor before former clients are taken on as supervisee or former supervisees are taken on as clients.

Supervisory staff shall perform the following:

Professional social work supervision and consultation shall be available to all staff. The supervisor shall provide regular supervision and consultation time to every staff member regardless of length of experience. Supervisors shall provide group supervision and consultation at a minimum eight (8) hours per month staff under their supervision. The intent is to provide technical assistance, increase skills, enhance practice methods, consultation on cases and other areas of professional development.

- ◆ Quality Service review at 100% minimum at every eligibility determination means a full chart review for contract compliance on eligibility requirements and compliance with professional standards, ethics and protocols each time social service is authorized.
 - ◆ Case Reviews on a weekly basis means the supervisor will provide consultation, staffing, face to face discussion to review with the assigned worker, activities, case plan progress or barriers that impair the consumers progress, or discuss options to decrease or overcome barriers.
 - ◆ Group Supervision means to meet with all supervisees to provide technical assistance, consultation on cases, provide training and skill building activities.
1. The supervisor and the direct service worker shall develop a supervisory plan with the worker under his/her direct supervision on an annual basis.
 2. The beginning baccalaureate or non-baccalaureate staff requires regular consultation and supervision.
 - a. For the first two (2) years of post baccalaureate professional experience, or for those staff who do not have a baccalaureate, one (1) hour of supervision should be provided for every sixteen (16) hours of direct consumer-level casework tasks.
 - b. After the first two (2) years, the ratio may be reduced to a minimum of one (1) hour of case consultation or supervision for every forty (40) hours of consumer intervention activities.
 3. For the first two (2) years professional experience post master's degree.
 - a. One (1) hour of consultation and supervision should be provided for every forty (40) hours of intervention activities.
 - b. The BA/BS staff with five (5) years or more experience or the MSW with two (2) years or more experience should use consultation or supervision one (1) hour per work week.
 4. Coordinate the activities with responsibility for the quality of delivery of service.
 5. Disseminate information to staff within the unit as pertinent to NNDSS standard of practice, Navajo Nation Personnel Policies & Procedures Manual and National social work practices.
 6. Assist and coordinate the intervention within NNDSS policies, procedures, and practices, and development within the community and the field of social work.
 7. Assume administrative office assignments at the region/program office, represent the region/program in community activities, and carry major assignments within the supervisory range.
 8. Participate in the recruitment and staff selection within the region/program and in the orientation and assignment of duties to the staff.
 9. Plan and implement a continuing, individual structured staff development program by linking the performance evaluation where each staff will have training, or corrective action plan.

10. Evaluate performance of staff on a continuing basis as required in the Navajo Nation Department of Personnel Policies Manual.
11. Assume assignments that may include direct services to children, families, adults and elderly.
12. Document all supervisory functions provided in groups or individual settings.
13. The use of the peer review team as a means of supervision is used only when the supervisor is the team leader.

Casework Manager

The worker will have at a minimum, a bachelor's degree in social work or human services and if no candidates meet that requirement, the caseworker can be recruited who has an associate's degree in social work or human services with a minimum of five (5) years of casework experience.

The practice of case management is highly complex and calls for a variety of roles and skills, such as an advocate, broker, planner, community organizer, or consultant. The qualification of staff should be appropriately matched to the skills required to perform casework duties.

The worker shall remain cognizant of the current social work trends, emerging developments on ethics, theory, and research. In addition to academic credentials and educational endeavors, it is important that the caseworker understand the characteristics of the target population and practice setting in which this population is served. For example: socioeconomic, cultural, gender, racial and sexual orientation issues of consumers.

Responsibilities:

1. May perform intake responsibilities.
2. Completes and reviews all assessments and other documents related to the eligible person's needs for social services.
3. Determines eligibility for social and financial services when applicable.
4. Completes appropriate referrals for services not provided by social services and verifies other resources.
5. Identifies services providers.
6. Assist in identification of third party liability and obtains appropriate authorization for services.
7. Develops and implements a case plan with the consumer including coordination of resources based on the results of the assessment and evaluation.
8. Monitors progress at a minimum on a monthly basis, schedules assessments to monitor the case plan progress, link consumer to all the requested services.
9. Coordinate, collaborate and advocate with all service providers on behalf of the consumer (ie. Child Protection Team, Multi-Disciplinary Team, Adult Protection Team, Foster Care Review Board, Navajo Nation Council on Aging, Vendors/Sub Contractors, etc.).
10. Completes discharge planning when appropriate.

STANDARD 2: USE PROFESSIONAL SKILLS AND COMPETENCE TO ASSIST THE CONSUMER WHO'S INTERESTS ARE OF PRIMARY CONCERN.

The worker's primary responsibility is to his or her consumer. While working within the context of the NNDSS' goals and resources, the worker must ensure that each consumer and or the consumers legal guardian, receives the appropriate assistance. The worker will provide accurate and complete information about the extent and nature of the available services and assist the consumers in deciding which internal and/or external resource(s) will best meet their needs.

Personal or professional gains shall never be put before the primary of the consumers' interests and the worker must not exploit relationships with consumers for such advantages.

A. CONSENT FOR SERVICE:

1. Provide services to consumers only in the context of a professional relationship based on a valid informed consent for service.
2. Document in writing for each consumer served the following elements of informed consent for service:
 - i. The purpose of Service.
 - ii. The consumer will be informed in writing of the purpose for NNDSS involvement within forty-five (45) days of the case being opened for identification of need.
 - iii. The consumer will be provided a copy of the informed consent form and the Navajo Nation privacy statement.
 - iv. Methods for a consumer to obtain information about his/her records.
 - v. Obtain a dated and signed informed consent for service from the consumer or the consumer's legal representative before providing service or treatment.
 - vi. Obtain a legal release from the Navajo Nation Department of Justice for any signed consent from a legal representative, State Court Order or a case that the division has been notified where the case is in litigation.

B. THE CONSUMER WILL BE INFORMED OF HIS/HER RIGHTS TO SERVICE.

1. A consumer's right to have his/her records and all information contained in the file kept confidential and an explanation of the limitations on confidentiality.
2. Notification of supervision or involvement with service, treatment team professionals.
3. The consumer's right to participate in service and treatment decisions and the development and review including revision of the consumer's service and treatment plan.
4. The consumer's right to participate in service and treatment or withdrawal of informed consent to treatment and to be advised of the consequences of refusal or withdrawal.
5. The consumer's right to be informed of all fees that the consumer may be required to pay including the fee for service if consumer does not meet specific service eligibility requirements.

C. APPLICATION

1. An application is to be taken by a caseworker once the need has been identified.

2. Informed consent for service.
 - ◆ thoroughly complete an application for service.
 - ◆ each applicant will sign and date the application.
3. Any person or a person on behalf of someone has a right to apply for NNDSS services.
4. The applicant will acknowledge receipt of the NNDSS client rights informing of his/her rights in writing.
5. The applicant has a right to have the documents explained to his/her in the language he/she is most familiar with, including the Navajo language.
6. A consumer cannot be denied an application based on availability of all documents at the time of referral request.

D. ELIGIBILITY

1. The applicant has the right and responsibility to participate in the determination of his/her eligibility for service.
2. Applicant is to be informed of the specific eligibility requirements and the process of determination of need.
3. The applicant shall have a clear understanding of the kinds and sources of information that is acceptable as a basis for establishing eligibility.
4. NNDSS worker is to ensure that all documents required to determine eligibility for the applicant is read, presented in the language the applicant is familiar in, and understood before a signature is requested.
5. If the worker has indication that the applicant does not understand the contents of the eligibility documents, the worker is required to seek consultation and technical assistance from supervisors.
6. If the applicant is unable to participate in the determination of his/her eligibility due to circumstances as physical, mental or other disability, the worker is responsible for seeking alternative means to assist the applicant in establishing their eligibility for social services.
7. A decision notice is to be given or mailed to the consumer within forty-five (45) working days from the date of referral or request for service.

STANDARD 3. THE NNDSS WORKER SHALL ENSURE THAT CONSUMERS ARE INVOLVED IN EVERY PHASE OF SOCIAL CASEWORK PRACTICE TO THE GREATEST EXTENT POSSIBLE.

The NNDSS worker shall make every effort to foster and respect maximum consumer self-determination. The worker is responsible for assisting consumers in making informed decisions about services. Many consumers must be assisted in negotiating complex, sometimes intimidating service delivery systems.

Although the lack of organizational or community resources may limit a consumer's option, the worker shall inform the consumer of the full range of existing services. Full disclosure includes information on the limited availability, relevant services and the financial implications of service selections.

When the worker acts on behalf of a consumer, who has been judged incompetent, he or she is to safeguard the interests and rights of the consumer. In the event there are questions or concerns, decisions are to be in consultation with the supervisor. When another person has been legally authorized to act on

behalf of a consumer, the worker shall coordinate services with that person by always considering the consumer's best interest.

The worker and the consumer share responsibility for casework tasks, to maximize involvement in the decision-making and problem solving process. Collaborative decision-making shall occur to determine the appropriate case plan.

In situations when family members have a personal interest and have extensive knowledge, and a trusting relationship with the consumer, the worker can be in a valuable position to schedule, supervise, monitor, change and interpret services. The worker must provide support to family members who serve as a resource to the consumer to avoid overburdening them or inadvertently facilitating caregiver burnout. Each consumer's situation is to be weighed on its own merits; therefore, the worker must be flexible in the casework process.

STANDARD 4: ENSURE THE CONSUMER'S RIGHT TO PRIVACY AND APPROPRIATE CONFIDENTIALITY WHEN INFORMATION ABOUT THE CONSUMER IS RELEASED TO OTHERS.

All information about a consumer and the consumer's family that is obtained by the NNDSS worker in carrying out casework tasks shall be held in the strictest confidence. Information may be released to professionals and agencies outside of NNDSS, only with the written permission of the consumer or his or her guardian. Pursuant to NN Privacy Act, release to any third (3rd) party must be a written notarized release. Information on other adult members of the household is to be released only with that adult's authorization. This release shall detail what information is to be disclosed, to whom, and in what time frame.

A. CONFIDENTIALITY

1. NNDSS worker will only release or disclose consumer records or any information regarding the consumer in the following circumstances:
 - a. In accordance with the Navajo Nation Privacy & Access to Information and Disclosure Act, Public Law, 101-630, and the Division Policy standards.
 - b. A request for release of information from a private attorney, state or federal entity, including court subpoenas is to be routed to NN Department of Justice for review and for consult on the information to be released. This request shall be routed to NNDOJ as soon as received to avoid delay in response to such requests. Written request for release of records or any information regarding the consumer is to be received by NNDSS prior to any release of information.
 - i. Written release is specific to the document requested.
 - ii. Written release is applicable only to what NNDSS has generated and not from another resource entity.
 - iii. The written release is an original document where signature can be authenticated as necessary.
 - c. Written consent for release of information is to include:
 - i. The name of the person to release the consumer record or information.
 - ii. The reason for the request to release confidential information.

- iii. The individual, agency, resources or entity receiving the information.
- iv. A specific description of the record requested to be released.
- v. A statement indicating the authorization can be revoked at any time and is no longer valid upon closure of service.
- vi. The date when the release expires, not to exceed six months.
- vii. The date the authorization was signed.
- viii. The signature date signed by the consumer or the legal representative.

Certain limits of confidentiality are inherent in service delivery. The worker should orally restate assurance of confidentiality to the consumer, including disclaimers, and exemptions. Confidentiality under particular circumstances is not honored, such as threats of suicide, harm to self or to others and court orders which may require that the division release certain information about a consumer excluding privileged information. These are exceptions where the need to inform for safety reasons and the individual's right to privacy may not be honored.

The worker shall seek supervisory consultation prior to disclosing any information not covered by the consumer's written release.

Any release of information from a Federal or State court is to be routed to NN Department of Justice for consultation and technical assistance on what is or what is not to be released.

The voluntary anonymity request is honored by NNDSS in the termination of parental rights as allowed through the Indian Child Welfare Act unless the parent has voluntarily released the information to others.

The Division is one entity and release of information regarding pertinent documents (CIB, SSC, HH, BC) is not necessary as a form of exchange as long as the consumer has identified that he/she is receiving services from another program service within NNDSS. This does not include privileged information from therapeutic services.

Professional responsibility is to be exercised in releasing only the information that is relevant to the situation at hand and in monitoring progress. The release is only within the duration of a time-limited consent for release of information.

The worker shall interview the consumer privately and offer the consumer the opportunity to be interviewed alone. It is important to ask the consumer what information he/she would and would not like to share with significant others. Out of respect for the consumer's privacy and need for preparation, the worker shall schedule appointments in advance.

STANDARD 5: INTERVENE AT THE CONSUMER LEVEL TO PROVIDE AND/OR COORDINATE THE DELIVERY OF DIRECT SERVICES TO CONSUMERS AND THEIR FAMILIES.

Social service delivery system shall consist of the following six components in the provision of direct services to consumers and their families:

1. Intake/Referral/Screening
2. Assessment, identification of need for service

3. Case plan development
 4. Implementation
 5. Tracking/Monitoring/Evaluation
 6. Aftercare services/Discharge and Outreach
-
1. Referral, Intake and screening: Through referral, the intake worker shall identify, assess and engage those individuals who would benefit from available services. The protective service worker shall screen consumers' circumstances to assess the need for caseworker services. The protective service worker completes a family risk assessment to determine consumer risk, safety and well being, as well as the strength and needs assessment. Based on the assessment outcome, the protective service summary will include recommendations for ongoing services. When the assessment and scores don't reflect a need for continuing services; the protective services summary is completed for closure. Some referrals are sent to NNDSS which do not require protective services, in such incidents, the worker is assigned immediately to assess consumer strength and needs, current status and documentation of resources to determine eligibility and appropriateness for the case management program.
 2. Assessment, identification of need for service by the case management worker: The worker shall conduct a face-to-face psychosocial assessment of the consumer to identify strengths as well as needs. The North Carolina Family Assessment Scale (2.0) is used to determine the functional level of the consumer and family. To understand the consumer, the worker must assess the interplay among physical, environmental, behavioral, psychological, economic, social factors, and the consumer's self-assessment. A Case Plan is developed based on the findings of the assessments.
 3. Development of the case plan: on the basis of the psychosocial assessment, the worker, in collaboration with the consumer and his or her family, where appropriate, select services and interventions in the form of an individualized case plan. The worker is responsible for coordinating and documenting the development of the case plan with the consumer's participation. The case plan goals are defined as comprehensive end and represent the desired outcome. The objectives describe a specific desired outcome or end status. Objectives are measurable, may reflect behavior change, using the SMART format which is specific, measurable, attainable, realistic and time limited.
 4. Implementation of the case plan: The case plan is to include priorities identified with the consumer for a systematic goal directed tasks to begin. The consumer will be knowledgeable of which tasks to begin first and so on to prevent confusion and becoming overwhelmed. The worker will communicate with service providers through referrals and support letters to begin services as identified in the case plan priority objectives.
 5. Tracking/Monitoring/Evaluation: The worker shall coordinate service delivery to ensure the continuity of the interventions and treatments. The worker shall have frequent contact with providers and consumers to ensure that services are provided as indicated in the case plan and to assess whether such services continue to meet the consumer's needs. Monitoring the consumer's services is an essential element of the ongoing reassessment of consumer status and the case plan. The worker can provide support counseling, use home visits, coaching, and accompany the consumer to resources to serve as an advocate.

- a. Advocacy for the consumer and consumer resources: The worker may need to advocate for individual consumers and their families to receive entitlement (ie. Program for Self Reliance, Medicaid, etc.) or obtain needed services, including those provided by the regional office.
 - b. Reassessment. The worker will reassess the consumer's needs and progress in meeting the objectives every three (3) months to ensure the effective and timely provision of services.
6. Aftercare/Discharge/Outreach: Aftercare may be implemented to collect program evaluation measures pertaining to consumer outcomes. Service may be continued for up to six to eight weeks based on the worker's assessment and supervisory consultation. Discharge of a consumer is in accordance to the NNDSS Grievance Policy. The consumer shall be notified in person and in writing of the discharge plan. Outreach includes collaboration with resources within the community to provide education, technical assistance, and program service coordination for resource collaboration and building networks.

STANDARD 6: INTERVENE AT THE SERVICE SYSTEM LEVEL TO SUPPORT EXISTING CASEWORK SERVICES AND TO EXPAND THE SUPPLY OF AND IMPROVE ACCESS TO NEEDED SERVICES.

Resource development and social action: Because of the wide range of social and health care systems, the assigned worker must be able to recognize duplication of services, identify gaps in services, and facilitate the expansions or establishment of services in NNDSS Regional offices and communities to meet these needs.

Advocacy is required to ensure that the NNDSS meets its commitment to access and provide adequacy of services, where the services are actually delivered, that the needs of the consumer are recognized, and the service providers do not prematurely discharge the consumer. It is also the assigned worker's responsibility to present to the supervisor and program director documented information about resource limitations, major casework problems, and recommended solutions. The worker is also required to conduct or coordinate community outreach and prevention activities. Effective casework process requires the establishment of linkages and communication channels with many different social and health care agencies.

STANDARD 7: MAINTAIN COMPREHENSIVE DATA SYSTEM FOR EVALUATION OF PROGRAM PERFORMANCE, ASSESSING CONSUMER OUTCOME, RESEARCH, ACCOUNTABILITY, REPORTING TO FUNDING SOURCES, AND REIMBURSEMENT PURPOSES.

Accurate statistical documentation is essential to ensure that services are provided commensurate with the funding requirements and accounting practices.

Statistics are submitted from the Region/Program level on a monthly basis and Administrative Program Level on a Quarterly basis. Contract compliance reporting requires specific outcome measures and accurate accounting on services provided, the unduplicated count, age of recipient, type of service provided, time spent etc.

STANDARD 8: THE NNDSS WORKER SHALL BE KNOWLEDGEABLE ABOUT RESOURCE AVAILABILITY, SERVICE COSTS, AND BUDGETARY PARAMETERS IN PROVIDING CASEWORK ACTIVITIES.

NNDSS workers will implement services with varying levels and types of authority for resource allocation. The worker will use the established eligibility guidelines to determine what consumers are entitled to, what resources they are eligible for and under what circumstances services can be provided.

The worker is responsible both for delivering appropriate casework services to the consumer and for carefully allocating and managing regional/program services and financial resources.

The worker shall be knowledgeable about services based upon the consumers' belief system. The assigned worker must be able to speak the Navajo language when the consumer's primary language is Navajo.

STANDARD 9: CASEWORK PROCESS INCLUDES PLAN DEVELOPMENT WITH THE CONSUMER USING THE FAMILY ASSESSMENT TOOLS AND PLAN IS DOCUMENTED IN THE SMART FORMAT FOR ALL CONSUMERS.

1. CASE PLAN

The worker will work jointly with a consumer or a consumer's legal representative to prepare an integrated, individualized, written case plan based on the assessment of behavior, treatment needs, abilities, resources and circumstances of the consumer. The case plan is a blue print for what is to be achieved by the consumer, worker, and significant players (resources, family) involved. Without the plan, the outcome is not clear. A case plan is developed within the first thirty (30) days of a case being initiated for service. A case plan is based on the initial assessment and is a process that occurs throughout the life of the case. It is a process that involves the consumer and or his/her legal caretaker, guardian, NNDSS worker, resources in a multi-disciplinary approach the roles and responsibilities of providers will be specified in the case plan ie. Home care, guardian, legal representative, relative care providers and other providers where appropriate. The plan shall be in the SMART format:

- a. Specific; the goal must be specific.
- b. Measurable; the goal and objectives must be measurable.
- c. Attainable; the goal and objectives must be attainable by the consumer.
- d. Realistic; the goal and objectives must be realistic.
- e. Time Limited; the goal and objectives must have an end time.

2. CASE PLAN MINIMUM REQUIREMENTS

- a. The case plan will focus on self-sufficiency, preservation of the family unit or reunification efforts and permanency outside the primary family unit when all other efforts have been exhausted and there is documentation on record of the failed preservation or reunification efforts.
- b. The Individual Service Plan (ISP) will focus on self-sufficiency and independence from the division assistance programs the consumer is involved and participates in the case plan (ISP) development.

- c. An Individual Service Plan or Case Plan will contain:
 1. One or more goals
 - ◆ Goals are to be realistic and achievable.
 - ◆ Goals are to be prioritized.
 - ◆ A list of strengths and needs of the consumer.
 2. One or more identified tasks and methods
 - ◆ Tasks are to be time limited.
 - ◆ Identifies who will be involved in the case plan.
 - ◆ Tasks are to be concrete and measurable.
 - ◆ Must be specific and behavioral.
 3. The date when the consumer's plan will be reviewed.
 4. If a discharge date has been determined, the services needed after the date of discharge.
3. Upon each case plan revision and or update, the case plan shall contain:
 - a. The signature and date by the consumer or the consumer's legal representative.
 - b. The signature and date of the worker.
 - c. The signature and date of the immediate supervisor.
 - d. The signature and date of all parties involved in the plan.
4. Review and reassess the plan on a three month basis at a minimum according to the review date specified in the plan. Reviews maybe more frequent depending on the funding contract requirement.
5. Complete case staffing to reassess consumer progress and ongoing collaboration with support resources on a minimum three (3) month basis.
6. Ensure that all plans updates and revisions are documented and include the appropriate signatures (consumer, legal representative, Guardian Ad Litem, etc.) and the appropriate signatures (consumer, legal representative, Guardian Ad Litem, etc.) and the date signed.
7. Ensure that the consumer is aware of the visitation plan and agrees to the requirements as outlined in the visitation plan for children who are in out-of-home care.
8. The worker is to make face to face contact with the child/adult/elder in out-of-home care one time per month minimum documented as a task in the plan.
9. The consumer participates in and receives a copy of the plan and each revision.
10. Upon written request, provide a consumer or a consumer's legal representative an explanation of all aspects of the consumer's condition and treatment to ensure that consumer's plan is implemented.
11. An initial plan must be developed **within thirty (30) days of case initiation (Except in crisis situations)** with a multi-disciplinary staffing, which may include collateral agencies and the unit supervisor. Family members must participate in the planning of services the consumer is seeking or needing.
 - a. Where applicable, a crisis case plan must be developed within seventy-two (72) hours of the identification of need.

STANDARD 10: THE NNDSS WORKER SHALL CARRY A CASELOAD BASED ON THE DIVISION'S ESTABLISHED CASELOAD WEIGHT FACTORS, WHICH ALLOWS THE ASSIGNED WORKER TO EFFECTIVELY PLAN, PROVIDE AND EVALUATE CASEWORK TASKS RELATED TO CONSUMER AND SYSTEM INTERVENTIONS.

The number of cases assigned to staff shall be related to the scope core with factor system and the number of services that are being provided to the consumer and family. Staffing shall be composed of personnel who are cognizant of the ethnic and cultural composition of the consumer populations, provide for culturally sensitive casework practice, effectively respond to the unique needs of a particular consumer group. Appropriate and adequate supervision including multi-disciplinary consultation services should be available to staff.

Caseload standards shall be based on the scope of professional responsibilities, the number of cases that can be realistically handled is limited to the degree to which caseloads consist of acute, high-risk, multi need consumers, contract requirements and accessibility to resources for intervention. Caseload size must realistically allow for meaningful opportunities for face-to-face consumer contact (see case load weight factor standards).

STANDARD 11: NNDSS WORKER SHALL TREAT COLLEAGUES WITH COURTESY, RESPECT AND ENHANCE INTER PROFESSIONAL, INTRA PROFESSIONAL IN INTERAGENCY COOPERATION ON BEHALF OF THE CONSUMER.

Casework requires well-coordinated and effective interdisciplinary efforts if the consumer's needs are to be served. It is important that services are provided in a respectful manner in all phases of the professional relationships.

To ensure continuity of services and collaboration with resources, the worker must consult with staff and receive technical assistance from the immediate supervisor on a continual basis.

Casework functions are performed in collaboration with other professionals and agencies. In such cases, it is advisable that the duties be delineated in writing. Formal agency linkage agreements should be established when any two organizations work together.

When more than one individual will be providing social services, the worker will coordinate with the program, staff, and other professionals in providing social services.

STANDARD 12: PROGRESS NOTES WHICH INCLUDES THE DOCUMENTATION OF EACH CONTACT WITH CONSUMERS. THEIR SIGNIFICANT OTHERS, WITH ANCILLARY TREATMENT OR SERVICE PROVIDERS WILL BE DOCUMENTED IN EACH CONSUMER'S CASE RECORD USING THE NAP FORMAT.

Consumer progress is documented in the case progress notes. The documentation is specific to the case plans, barriers, significant events, and communication. Information on treatment planning, quality

assurance and the delivery of services is part of the documentation. All formal (scheduled appointments) and or informal (ie. telephone calls, unannounced office or home visits) contacts must be documented.

Documentation is ongoing thus all narratives must be recorded in the case file within fifteen (15) hours of any case activity. Case progress notes are to follow the narrative, assessment, plan format. Other important guidelines for documenting progress notes include:

1. All entries must be in black ink. Errors shall be corrected by drawing one line through the word(s) so it remains legible. The word "error" should be written above the marked out word. The initials of the person making the correction should be written next to the word "error."
2. Whiteout, erasures or correction tape are not to be used to correct errors in the case documentation or notes.
3. Progress notes will be in continuous chronological order; and there are to be no spaces between entries to prevent insertion of notes at a later date.
4. If there are late entries (out of chronological order, or past the fifteen (15) hours), it should be labeled "late entry" at the beginning of the narration. Such entries should be dated by the date they are entered, with the date of the event occurring within the note.
5. All progress notes will be checked for completed data/information. Each entry and the form will be signed with the professional degree, title of the person documenting and date.

NNDSS shall use the narrative form and follow the NAPX format to document case activities.

N = Narrative

- a. A clear picture of the consumer's appearance and behaviors; direct quotes from the consumer whenever available and pertinent; and concise reference to any external conditions which appear to be affecting the consumer (things seen, heard, touched, smelled, and/or tasted). Include physical and laboratory findings.
- b. All planned treatment activities shall be written to address the case plan, goals, objectives and strategies.

A = Assessment

- a. The conclusions and formulations you make after considering the facts of the narrative section. What you observe, assessments must only be made within the scope of your discipline, expertise, license, and clinical privileges. If the problem or condition is not clearly understood, an assessment statement to the effect should be made.

P = Plan

- a. Actions which you have or will take as a result of analyzing the narrative section and your assessment. Plans should be a culmination (highest point) of logical thoughts about the narrative section, and assessment of the problem or condition.

X entries

- a. Written in a paragraph form and use for routine notes, indicating client movement to and from placement, referred to another department, or indicating that an assessment of examination has been completed; or documenting any other activity that is considered routine for an example: Scheduling of staffing, CPT, MDT, Family meetings.

STANDARD 13: RECORD-KEEPING SYSTEM; THE DIVISION OF SOCIAL SERVICES WILL MAINTAIN A “SAFE” AND ORGANIZED RECORD KEEPING SYSTEM.

All consumers must have individualized case records, which are easily identifiable and accessible. The contents should always be protected and no information can be disclosed without written consent of the consumer. For contract monitoring, evaluation, or auditing and quality assurance purposes, information that applies can be extracted.

The Division of Social Services staff shall adhere to the following guidelines for record keeping:

A. THE CONSUMER CASE RECORD

The worker will ensure that a case record is maintained for each consumer.

1. The case record is protected at all times from loss, damage, or alteration.
 - a. All case records shall be kept in a safe locked file cabinet.
 - b. All case records removed from the general filing system must be signed in/out with the name of the worker, time and date of return. Any professional who has access to the record for auditing, review, etc must sign the case out/in with the exception of the immediate supervisor and the assigned worker.
 - c. The case record must be returned to the file cabinet at the end of each day.
 - d. No case record, other than for court appearances, shall be removed from the office unless the supervisor approves it.
2. Is confidential and can only be release with proper authorization.
3. Is legible and recorded in ink or electronically recorded.
4. Contains entries that are dated and signed and can be authenticated by the individual making the entry when necessary.
5. Is current and accurate.
6. Contains original documents and original signatures, or initials. Non changing personal identifying information for eligibility purposes are to be copied and the date of receipt and who received the documents is to be recorded. The consumer retains the original non changing vital documents (CIB, SS, Birth Certificates, etc.).
7. Is archived and disposed of according to the policies and procedures to ensure consumer confidentiality.

B. THE CASE RECORD WILL CONTAIN THE FOLLOWING AS APPLICABLE:

- I. The consumer's name, address and home telephone number (message phone).
The case record must bear the consumer's identification number and within the file, the consumer's official name with supporting documents.
- II. Copy of informed consent to service (NNDSS Application) and certification.
- III. Case Plan and all updates and revision to the plans.

- IV. Information of records obtained or provided by another person regarding the consumer.
 - V. Written consent for release of information of a consumer record and the action that was taken on the requests.
 - VI. Progress Notes (narratives).
 - a. Specific activities in which the interaction transpired:
 - i. Relevant historical and demographic information on the consumer, the consumer's family, and significant others;
 - ii. Results of the initial assessment and periodic reassessments of the consumer, including data on the consumer's psychosocial, behavioral, and physical status;
 - iii. Documentation of all case activities, including progress dates;
 - iv. Identification of all actions taken on behalf of consumers;
 - v. The entries are to reflect case plan (ISP) progress;
 - vi. Documentation of telephone written, face-to-face contact with the consumer or another individual that relates to the consumer's health, safety, welfare or treatment services and all case staffing activity.
 - VII. Documentation of assigned workers' and related staff's professional judgment
 - a. Demonstrates adherence to applicable Navajo Nation, state and federal laws and policies;
 - b. Facilitates transfer of cases between workers and increases the likelihood of uninterrupted services to consumers;
 - c. Provides a historical account of the services provided to the consumer;
 - d. Documentation of supervisory reviews, concurrence and workers activities and decision for each case;
 - e. Serves as an assessment tool for supervisors; and
 - f. Documents supervision of case manager and the casework process.
 - VIII. The signature and date signed by the worker who provided the service.
 - IX. Statistical information required by funding and contracting source.
 - X. Financial records.
 - a. Record of any financial arrangements/transactions made by the consumer or on behalf of the consumer for provision of services by the Division or any subcontract.
 - XI. The consumer records are confidential and the record created by the worker is maintained, cannot be altered, archived, destroyed or transferred without proper authorization and documentation of such action.
 - XII. A worker will ensure that all Division employees who have authorized access maintain a consumer's privacy and the confidentiality of the information provided by the consumer.
- C. ACCESS TO CONSUMER RECORDS
- 1. An individual employee, in the course of routine daily activities, such as office clerical support who type or provide entry into the case record.
 - 2. Immediate supervisor, in performance of their supervisor duties: ie. Case reviews, technical assistance, case staffing, etc.
 - 3. An individual who has been formally designated by the immediate supervisor to act in his/her capacity when he/she is out of the office.

4. Division employees, who in the performance of his/her duty provide review, auditing, contract compliance, quality service assurance or assessing consumer grievances.
 5. All workers shall be accountable for their assigned case records.
 6. Court Orders routed through and approved by the Navajo Nation Department of Justice.
- D. QUALITY ASSURANCE REVIEWS
1. Quality Assurance reviews or audits are to be kept separate from the consumer file.
 2. Case audits are not maintained in the consumer file but in the workers individual supervisory consultation file to be used for training, corrective action, and technical assessment.
- E. INCIDENT REPORTS:
- Incident reports are to be filled out by the care provider, forwarded to the case manager and submitted to the immediate supervisor with a copy in the consumer case record. Documentation of incidents shall include but is not limited to the following:
1. Physical injury to a consumer receiving social services.
 2. Abuse of a consumer while in custody of NNDSS.
 - a. A report is to be made to the protective services unit and local law enforcement. The protective services worker is to assess the safety of other children or vulnerable adults in the home. A medical clearance is required to ascertain the level of harm.
 3. Death of a consumer while in NNDSS custody.
 - a. Law Enforcement is to be notified if the provider has not done so already.
 - b. The local law enforcement has their own procedures and protocols to address the incidents.
 - c. The protective services worker's responsibility is to assess the safety and risk of harm to children and vulnerable adults in the household.
 4. Threat of harm to self or others:
 - a. Contact local law enforcement office or emergency intervention and transport.
 - b. Consumer is to be taken to mental health for intervention.
 - c. If the consumer is a client of Navajo Treatment Center for Children and their Families, the family therapist is to be notified for intervention.

STANDARD 14: THE DIVISION SHALL INFORM THE CONSUMER OF THE RIGHTS OF AN APPLICANT/SERVICE RECIPIENT TO APPEAL ANY OF THE FOLLOWING DECISIONS OR ACTIONS:

1. CONSUMER RIGHTS: (see client rights & responsibilities after NNDSS (Professional Standards page).
 The Division shall inform the consumer of his or her rights and responsibilities when receiving social services. The assigned worker is responsible to ensure that the consumer is informed of his/her rights to service and have documentation on record to such.
 Written documentation is required to be sent certified mail to the consumer in the following situations:
 - a. Denial, approval, increase, decrease, discontinuation, suspensions or termination of assistance.
 - b. Failure to issue a written decision within thirty (30) working days from the time an application was submitted.

- c. The consumer is to be informed of any case staffing, or consultations regarding his/her plan and is to be informed of his/her right to participate.
2. The applicant shall be informed in writing of his/her right to request a hearing on any adverse decision or action.
3. The program personnel shall ensure that for a hearing; social services assistance shall continue or be reinstated ensure there is not a break in assistance until the date of the final decision within the Division of Social Services.
4. Each applicant is to be given a copy of the consumer rights and responsibilities and the grievance procedures and a copy of the acknowledgement is to be in the case file.
5. The NNDSS worker is to comply with the Division of Social Services grievance policies and procedures (see the Grievance Policy at the end of Professional Standards Section page).

STANDARD 15: THE NNDSS WORKER SHALL ADHERE TO THE NASW CODE OF ETHICS, SOCIAL WORK PRINCIPLES AND THE SOCIAL SERVICES CODE OF CONDUCT

The Division of Social Services provides services to children, families, adults and elderly who are experiencing physical, and mental abuse as well as neglect, therefore it is imperative that Division workers do not contribute to the victimization by not being fully self-aware. The Division worker's responsibility includes developing through education and training, his/her competency base for social work practice; adhere to the consumer rights, client grievance, code of conduct, code of ethic and social work principles.

The ethical responsibility extends to the Community, Division, the Region, Program, Supervisor, Colleagues, and to self.

The Division worker is ethically responsible to ensure that the consumer's right to make his own decisions and choices are not violated by not including the consumer in the multi-disciplinary actions, case planning and treatment services or all aspects of recommended services.

The Division worker is to treat others with respect and dignity and preserve the confidences the consumer has shared with the worker. The consumer information is to be considered confidential and not shared outside of the formal staffing and consultation process.

Confidential information is not released to others without a written consent form the consumer of his/her legal guardian. Disclosure of mental health therapy sessions is considered privilege and is not disclosed.

Paramount in the practice and delivery of services to the Navajo Nation is the workers ethical responsibility and compliance with the National Association of Social Workers Code of Ethics. Each NNDSS worker is held accountable to practice social work according to the NASW Code of Ethics.

SOCIAL WORK PRINCIPLES

The social work profession is guided by a distinct set of abstract values and a Code of Ethics. These values are transformed into accepted practice principles for the purpose of informing our intervention with clients. What follows is a listing of nine Social Work Principles and brief description of each.

Acceptance - Acceptance is a fundamental social work principle that implies a sincere understanding of clients. Acceptance is conveyed in the professional relationship through the expression of genuine concern, receptive listening, intentional responses that acknowledge the other person's point of view, and the creation of a climate of mutual respect.

Affirming Individuality - To affirm a client's individuality is to recognize and appreciate the unique qualities of that client. It means to "begin where the client is." Clients expect personalized understanding and undivided attention from professionals. Individualization requires freedom from bias and prejudice, an avoidance of labeling and stereotyping, a recognition and appreciation of diversity, and knowledge of human behavior.

Purposeful Expression of Feelings - Clients need to have opportunities to express their feelings freely to the social worker. As social workers, we must go beyond "just the facts" to uncover the underlying feelings.

Non-judgmentalism - Communicating non-judgmentalism is essential to developing a relationship with any client. It does not imply that social workers do not make decisions; rather it implies a non blaming attitude and behavior. Social workers judge others as neither good or bad nor as worthy or unworthy.

Objectivity - Closely related to non-judgmentalism, objectivity is the principle of examining situations without bias. To be objective in their observations and understanding, social workers must avoid injecting personal feelings and prejudices in relationships with clients.

Controlled Emotional Involvement - There are three components to a controlled emotional response to a client's situation: sensitivity to expressed or unexpressed feelings, and understanding based on knowledge of human behavior, and a response guided by knowledge and purpose. The social worker should not respond in a way that conveys coldness or lack of interest while at the same time cannot over identify with the client.

Self-Determination - The principle of self-determination is based on the recognition of the right and need of clients to freedom in making their own choices and decisions. Social workers have a responsibility to create a working relationship in which choice can be exercised.

Access to Resources - Social workers are implored to assure that everyone has the necessary resources, services, and opportunities; to pay attention to expanding choices, and opportunities for the oppressed and disadvantages; and to advocate for policy and legislative changes that improve social conditions and promote social justice.

Confidentiality - Confidentiality or the right to privacy implies that clients must give expressed consent before information such as their identity, the content of discussions held with them, one's professional opinion about them, or their record is disclosed.

Summarized from: DuBois, B. & Miley, K.K. (1992). Social Work: An Empowering Profession, Boston: Allyn and Bacon, pp. 135-141.

NNDSS CODE OF CONDUCT

Activities that may occur within the Division of Social Services may not be congruent with the National Association of Social Worker ethics and practice in the provision of social services. Any conduct that is not in accordance with the recognized standards of ethics in the social work practice or that is deemed to be a danger to the health, welfare or safety of the consumer are subject to reporting of unethical behavior to the state licensing board for licensed social workers. The NNDSS Code of Conduct is forwarded to Department of Personnel Action for approval as part of the personnel policies and procedures affecting NNDSS personnel.

The purpose for documenting examples of some unethical practices is to increase personnel knowledge of activities that is considered unprofessional in the provision of social services within the Division. The list is not conclusive but is an example of inappropriate conduct:

- a. Conviction of a felony. Conviction in a court of competent jurisdiction or a plea of no contest.
- b. Treating consumers in an overt hostile manner or belittling consumers through comments, behaviors or any other means that the consumer perceives as intimidating.
- c. Refusing to allow a consumer an opportunity to complete an application for service.
- d. Releasing confidential information to unauthorized individuals including family, peers, or coworkers who do not have direct involvement in the case intervention plan.
- e. Failing to comply with Federal, State, Navajo Nation regulations and laws pertaining to confidentiality of NNDSS consumer, employee records and personal identification thereof.
- f. Terminating NNDSS services without ensuring that all services have been completed.
- g. Failing to allow designated personnel to review, examine, and have access to documents, reports, correspondence and records in the case record maintained by NNDSS that relate to the services being provided to the consumer.
- h. Contest to conclusive evidence of the conviction.
- i. Using controlled substance that is not prescribed for use during a prescribed course of treatment.
- j. Active habitual intemperance in the use of alcohol or active habitual substance abuse or addictions.
- k. Engaging in activities that are contrary to the preservation of the family unit, ie. Family violence, child abuse, neglect, exploitation, or substance abuse.
- l. Failing to conform to the minimum practice standards as documented in the Division manual.
- m. Failing or refusing to maintain consumer records on services provided to the consumer.
- n. Providing services to consumers that are not justified, not within field of study, or license, and that are outside the scope of contracted service.
- o. Failing to adhere to chain of command, obtaining supervisor reviews and technical assistance or refusing to be supervised by the identified supervisor.
- p. Any sexual conduct between a NNDSS worker and a consumer.
- q. Providing any service to any person with whom the worker has had sexual contact.
- r. A worker providing any service to any member of his/her family in accordance to the relationship for personal benefit or profit.

- s. Exploiting a consumer, former consumer or supervisee for the purposes of taking advantage of a professional relationship for personal benefit or profit.
- t. Engaging in dual relationship with a consumer that could impair the workers objectivity or professional judgment, create a risk of harm to the consumer or impair the working relationship with the consumer.
- u. Providing referral assessments, case management or casework activities and court services for permanency services on the same family case at the same time, thus confusing the consumer on role of the worker and impairs the case plan progress and creating a conflict of interest.
- v. Engaging in professional and personal relationship with a consumer that is avoidable and not incidental.
- w. Sexual harassment of a consumer, which includes sexual advances, sexual solicitation, request for sexual favors, unwelcome comments or gestures or any verbal or physical conduct of a sexual nature.
- x. Giving or receiving a payment, kickback, bonus, gifts or other remuneration for a referral or service.

NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS (1996 REVISION)

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.* Social workers elevate service to others above self interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice.* Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.* Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

Ethical Principle: *Social workers recognize the central importance of human relationships.* Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the wellbeing of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self Determination

Social workers respect and promote the right of clients to self determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third party payer, relevant costs, reasonable alternatives, clients' right to

refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audio taping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies

whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to

the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

- (a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.
- (b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.
- (c) Social workers in fee for service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.
- (d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
- (e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.
- (f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

- (a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.
- (b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
- (c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the wellbeing of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

- (a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the wellbeing of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.
- (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client wellbeing.

2.04 Disputes Involving Colleagues

- (a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.
- (b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

- (a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.
- (b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.
- (c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

- (a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.
- (b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.
- (c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and

local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

- (a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
- (b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
- (c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
- (d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

- (a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.
- (b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

- (a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.
- (b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.
- (c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.
- (d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *NASW Code of Ethics*.

Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the *Code*.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

- (a) Social workers generally should adhere to commitments made to employers and employing organizations.
- (b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.
- (c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the *NASW Code of Ethics* and of the implications of those obligations for social work practice.
- (d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the *NASW Code of Ethics*.
- (e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.
- (f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.
- (g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor Management Disputes

- (a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.
- (b) The actions of social workers who are involved in labor management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

- (a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.
- (b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.
- (c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.
- (d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.
- (e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' wellbeing, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.
- (f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.
- (g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.
- (h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.
- (i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.
- (j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.
- (k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.
- (l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.
- (m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

Consumer Rights & Responsibilities Policy

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I. Introduction.

The Division has a responsibility to ensure clients and/or prospective clients are properly informed of his/her rights and responsibilities. The Quality Assurance (QA) Specialist shall monitor, evaluate and track client rights and complaints, including client grievance process, status, and outcomes.

II. Client Rights and Responsibilities.

A. Each client has a right to the following:

1. Be treated with respect and dignity. Their privacy shall be recognized and respected. The right to privacy includes protection of any information that identifies a particular client and his/her family.
2. Not be discriminated against in the delivery of services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
3. Have services provided in a culturally competent manner with consideration for clients with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds as well as clients with visual or auditory limitations.
4. Have the opportunity to choose a primary case manager within the limits of the availability of services and/or choose other providers as needed from among those within the social service network system.
5. Be allowed to participate in decision-making regarding their services and/or have a representative to facilitate care or treatment decisions when the client is unable to do so.
6. Receive information (in language that the client understands) about client's rights and responsibilities, the amount, duration, and scope of all services and benefits, service providers and other available services.
7. Have access to after-hour and emergency services for Child Protective Services.
8. Provided information on available treatment and related service options (including no treatment or services, except where mandated by law) or alternative care services.
9. Informed of procedures for obtaining social and related services, including any special procedures for obtaining general assistance, services or referrals for specialty services provided by the Division or provided by other entities.

10. Informed of procedures for obtaining services outside the geographic service area of the Division.
 11. Be provided with information regarding complaints or grievance procedures and how to obtain prompt resolution of issues on their concerns, including complaints or grievances and issues relating to authorization, financial assistance, coverage or payment of services.
 12. Have access to his/her case file in accordance with applicable Federal and tribal laws.
 13. Have the right to refuse services and/or treatment.
 14. Exercise his/her rights as a citizen of the U.S. and Navajo Nation.
- B. Each Client, client's guardian and/or authorized representative must be informed of his or her responsibility regarding services. These responsibilities include the following:
1. To the best of their knowledge, provide accurate and complete information about present conditions, complaints, previous services and/or other information relating to his/her situation.
 2. The responsibility to clarify a contemplated course of action and what is expected of them.
 3. The responsibility for following the treatment or service plan recommended by the primary case manager or clinical specialist responsible for his or her care and for following the Division's policies and procedures affecting client care and conduct.
 4. The responsibility for their actions if treatment is refused or if the service or treatment plan is not followed.
 5. The responsibility for being considerate of the rights of others, including his/her personal behavior.
 6. The responsibility for being respectful of the property of other persons and of the division's property.
 7. The responsibility of refraining from verbal and/or physical abusive conduct toward case manager, social worker, service provider or personnel.
 8. The responsibility for notifying the case manager of any change in address, telephone number, demographic, and/or geographical information.
 9. Maintaining scheduled appointments, arriving on time, and/or contacting the case manager to reschedule appointments.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

Consumer Grievance Policy

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DIVISION OF SOCIAL SERVICES

NOTIFICATION REQUIREMENTS FOR DENIAL, REDUCTION, SUSPENSION AND/OR TERMINATION OF SOCIAL SERVICES

I. Introduction.

This section provides general information on procedures and instructions for Navajo Nation Division of Social Services (NNSS) staff to assist clients with the notification requirements for denial, reduction, suspension, and/or termination of social services.

II. Purpose.

To provide procedures which the Division of Social Services (NNDSS) primary worker will follow to notify clients of the decision to deny, reduce, suspend, or terminate social services and their right to grieve and/or appeal these decisions in accordance with the Navajo Nation Division of Social Services Manual. A client has a right to appeal Navajo Nation Division of Social Services decisions and can be done by grievance or a hearing process.

III. General Information.

A. Definition.

1. Grievance- a complaint arising from an adverse action, decision or policy by a regional office, program or department. The complaint will result in an informal discussion between the parties for the purpose of reviewing the action, decision, or policy and the goal is to have the matter resolved at the regional level.
2. Hearing- a more formal process in which NNDSS Central Office Administration hears from both parties (client and Case Manager) regarding the disputed action. A decision to uphold or reverse the action will be made.
3. Primary Worker- the Division Staff assigned to provide social services and is assigned the client's case. The designated titles can include but not be limited to social worker, case manager, case worker, or social service representative.

B. Notices.

All clients must receive written notice and an opportunity for a hearing when services are needed, reduced, suspended or terminated.

1. All clients must receive twenty (20) days prior written notice of any proposed adverse actions on client's services.
2. Written notification to the client must state the reason a service has been denied, reduced, suspended, or terminated. The reason for a change in services must be specific and why the client does not need the requested service.
3. Written notification is NOT required under the following circumstances.
 - If a similar service at a similar frequency is substituted for the discontinued service.
 - If services are discontinued because the client is hospitalized. However, if the client's service for some reason is reduced upon discharge from the hospital, a written notice is required at that time and before the change is made.

Written notice to the client is required even if the client requests that services be reduced or terminated.

C. Timeframes

NNDSS primary worker and clients must meet specific timeframes when processing a grievance and/or a hearing.

See figure 1 below for the timeframes required regarding notification to clients of any denial, reduction, suspension, or termination of services, and the client responsibilities for responding to such notification.

Figure 1

TIME FRAMES FOR WRITTEN NOTIFICATION TO CLIENTS	
Notice to Client of Proposed Action	All clients must receive written notice of any proposed action twenty (20) days prior to denial, reduction, suspension or termination of services.
Denial, Reduction, Suspension, or Termination	A Notice must be sent within three (3) business days through certified mail, return receipt; from the day the decision was made by the primary worker or designed staff.

TIMEFRAMES FOR CLIENT RESPONSE TO DECISION	
Client Grievance	<p>If the client wishes to grieve the NNDSS decision, she/he must write to the respective program, regional office, or department within 20 days of the date of the notice.</p> <p>Upon receiving the request for grievance from the client, the NNDSS primary worker has seven (7) business days to schedule a grievance conference in an attempt to resolve the issue. If no resolution, a written response will be sent to the client by the Primary Worker within three (3) business days by certified mail, return receipt.</p>
Client Hearing	The client must request a formal hearing by writing or calling the Central Office Administration within twenty (20) business days from the date of the grievance decision. If the client chooses to skip the grievance process, a request for a formal hearing must be made within twenty (20) days of the date of the notice.

IV. Primary Worker's Responsibilities

The primary worker's responsibilities are based on the worker's roles as both advocate for their clients and gatekeepers of social services. These responsibilities require that the worker:

- Ensure the notices to deny, reduce, suspend or terminate services are sent to the client within the established timelines (refer to figure 1).
- Explain clearly to the client their appeal rights; the timeframes involved; and how to contact the Central Office Administration. The explanation must be in the language the client is most familiar with.
- Assist the client in completing the appeal letters/forms to be submitted to the appropriate NNDSS offices.
- Maintain copies of notices to deny, reduce, suspend or terminate services in the client case file.
- Client services continue pending the final outcome of a grievance conference or a final hearing by the NNDSS Central Office Administration.

V. Procedures.

A. For the Denial of New Service, the Case Manager will:

- Complete the “Notice of Denial of Your Request for Social Services” form. **See page .**
- By certified mail send the denial letter to the client or representative within three (3) business days of the day the decision was made.

A copy of the “Request to Social Services to Appeal the Decision About the Denial of my Social Services” (**see page)** should also be given to the client/representative. The client completes this form if she/he wishes to appeal the decision. The Primary Worker must clearly explain the client has rights and responsibilities and assist the clients with the following:

- Ensure that the client fully understands what the notice means and his/her rights in appealing the contents of the notice. If the worker has questions regarding the applicant/client’s capabilities, the worker will seek appropriate assistance from his/her supervisor.
- If the client needs help completing the form to request an appeal, the primary worker must assist the client.
- Keep a copy of the Notice in the client’s case file.

B. For the Reduction, Suspension, or Termination of Service, the primary worker will:

- Complete the “Notice of Our Decision to Change Your Social Service” form. **See page.**
- By certified mail send the decision letter to the client at least ten (10) business days.

A copy of the “Request Social Services to Appeal the Decision About the Denial of my Social Services” form, (**see page)** will be provided to client/representative. The client completes this form if she/he wishes to appeal the decision.

C. Exceptions to the 10-day rule (the notice must be mailed no later than ten (10) days from the date of the action):

- The primary worker receives a written statement signed by the client that states she/he no longer wishes services. That statement must be kept in the client’s case file. Confirmation should be sent to the client regarding this client request.
- The client tells the primary worker (over the telephone or in person) that she/he no longer wants the service or agrees to the reduction. This notification must be documented in the case file. Confirmation should be sent to the client regarding this request.
- The client is deceased.

VI Client Appeals

A. Grievance Conference

If the client disagrees with the action that was taken, she/he may request a review of that decision through a grievance conference according to the Navajo Nation Division of Social Services Manual, Appeals Procedures.

- The client must write the respective program, regional office, or department who took the adverse action regarding the client's services to request a grievance conference.
- The client must write or call the regional office, program or department within twenty (20) business days of the date of the notice in order to appeal the decision.
- The client may use the "Request to for a Grievance" form (Attachment A-1 and B-1) as a written request. The letter must be mailed to the respective program, Attention: EXPEDITE.
- The grievance conference will be held between the primary worker, the immediate supervisor and the client within 7 business days after receiving the grievance form as an attempt to resolve the issue informally.
- If the issue is resolved in the client's favor at the conference, the grievance file is closed.
- If there is no resolution, the respective program will issue a written response to the client regarding the grievance within three (3) business days.
- If the client does not agree with the grievance, she/he may appeal the grievance decision to the Central Office Administration, or if the client chooses she/he can skip the grievance process and appeal the initial decision directly to the Central Office Administration.

D. Request for Client Hearing

- The client must write or call the Central Office Administration within twenty (20) business days of the date of the grievance decision, or if the client chooses to skip the grievance conference, within twenty (20) business days of the notice of the initial decision.
- The client may use the "Request for a Hearing " form as a written request. The letter must be mailed to the Central Office Administration, Attention: EXPEDITE, P.O. Box 4590, Window Rock, Arizona 86515, or the client may contact the Quality Assurance Specialist at (928) 871-6183 to assist the client with their appeal request.
- The client has the right to legal representation if she/he wants at their own expense.

E. Client Hearing

- Once the Executive Director receives the hearing request, the Quality Assurance Specialist shall be assigned to track the hearing request and ensure the request is carried out according to the appeals procedures and time frames.
- Central Office Administration must schedule and hold a fair hearing on the appeal within twenty (20) business days from the postmark date of the written request for a hearing. If the client chooses to skip the grievance process then within twenty (20) business days of the initial decision.
- For additional assistance, the client may call the Quality Assurance Specialist for technical assistance with their appeal request and/or other required steps necessary to ensure the client's rights to appeal are preserved according to the established policy.

- The Central Administration Office shall request for all relevant documents pertaining to the appeal be sent to the Central Administration off for a full review by the Executive Director and the Navajo Nation Department of Justice Attorney.
- The Executive Director shall hear the appeal, which shall include hearing from both the office that took the adverse action and the client.
- The Administrative Assistant will document the hearing.

F. Outcome of Hearing

- After the hearing and taking all information under advisement the Executive Director will provide a written response to the client on the outcome of the hearing within three (3) business days from the date of the hearing.
- At the conclusion of the hearing, the Executive Director shall provide a copy of the hearing decision to the program with recommendation for the services to continue or discontinue. The effective date is the date of the final hearing.
- The Executive Directors decision is final. See page .

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NAVAJO NATION DIVISION OF SOCIAL SERVICES

Case Definition & Standard Files

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CASE DEFINITIONS

CASE: A single type of service provided to an individual or household, in response to a need or problem, which requires intervention by a case manager, social worker or caseworker.

EXAMPLE: A family of five receives General Assistance; mother and father get intoxicated during the monthly family trip to Gallup; they are incarcerated; and the three kids are placed at Christian Child Care. After the parents are released, they go to their regional DSS office and receive counseling. Later, the kids are released to the parents.

THIS SCENARIO WOULD BE ACCOUNTED FOR AS FOLLOWS:

GENERAL ASSISTANCE

One case with five individuals in the case. The adults are the payee for the children.

Statistics: one case with three children and two adults.

INTAKE/INVESTIGATION

One investigation with three children, as there was one incident where the children are all taken into custody at the same time. The custody documents are separate and individual to the child.

One investigative summary is required but information is to be specific to each child.

Statistics: One investigation with three children and two

adults.

CASE MANAGEMENT SERVICES

One family case file, with all child members' assigned number on the file and specific information to the child is separate from the other siblings.

Statistics: The case is counted, as three cases as each child received services and the parents being counted with the primary child client, thus there is a total household of five.

SPECIALIZED CHILD CARE: One case per client service.

FOSTER CARE PAYMENT (638 & IV-E) 3 cases with the parents being counted with the primary client.

PERMANENCY WORKER

A case for each child receiving specialty services, the parent is included in the treatment services for the child.

AIHC, one case for each individual receiving service. In the event there is an AIHC service for two or more people in the household, one specialty case file is to be set up in all household members case number but service specific to the individual members are to be separate from the other members of the home.

Statistics: one per service provided.

Statistics for unduplicated count under case management for case work services

When there are multiple cases within the same family, enter the secondary household members along with the first client. The second client and other subsequent clients will show only one household number (for the particular client only) since the secondary clients for these cases are already entered for the first client. This will then give an unduplicated count of household members where each person is counted only one time.

CHILDREN: Individuals under the age of 18 (0-17)

EXCEPTION: Children who are placed at an institutional care facility prior to age 18 will be considered a child until he/she reaches age 22 for welfare assistance purposes.

ADULT: Individuals between the ages of 18 and 54.

ELDERLY: Individuals age 55 and older.

UNDUPLICATED: Counted only one time during a specified period (day, month, quarter, .or fiscal year) for a specified service.

The Division recognizes the different types of cases requiring varied degrees of attention and technical skills. Based on a caseload equivalent to 140-weight factor, the following breakdown are samples of weighted factors that each case carries. Note that a case is not always one weight factor from beginning to the end. The Supervisors are to ensure that each case is reviewed and assigned a weight depending on the type of service required throughout the time services are being provided.

1	Weight factor	=	140 cases
2	Weight factor	=	70 cases
3	Weight factor	=	46 cases
4	Weight factor	=	35 cases
5	Weight factor	=	28 cases
6	Weight factor	=	23 cases
8	Weight factor	=	17 cases
10	Weight factor	=	15 cases

EXAMPLE: A family of five receives General Assistance; mother and father get intoxicated during the monthly family trip to Gallup; they are incarcerated; and the three kids are placed at Christian Child Care. After the investigation is completed and the case is assigned to a case manager, the parents agree to services through the dependency action, and the children are not released to the parent due to continual abuse and or neglect and reunification is an option but not immediately, therefore the children remain in out of home, care, one child in Residential Treatment center, another in therapeutic foster home and another in a youth home will not carry the case weight of four. The supervisor along with the worker and parent are to determine the weight factor for each service depending on the specific needs of each child to facilitate reunification. In this case example the case is more than a four-weight factor as it is dependent on the outcome of the assessment and case plan.

Each worker inputting statistics is to be provided a worker number that is not duplicated by another worker. That four (4)-digit number is used one time for the worker and identifies the worker, not the position. Each Region is assigned a range of numbers therefore; the number is to be assigned with the Region ID number and the worker ID number. The numbering can go from 00-99 in sequence. EXAMPLE: 3750..."37" is the Region # and "50" is the worker number. In the event the worker is no longer employed with the Division or

is hired in another Region or Program, the worker number is not assigned to another person. If the worker is rehired within the same Region or Program, the number is reactivated for the worker. Not assigning the number to a different person allows for the unduplicated count of services provided by that worker is not contaminated. Case statistics are to be completed by the end of each month, accuracy is important therefore workers are to be cognizant of the impact and consequences if statistical data is not accurate.

The Division's contract policies specify the standards for record keeping, including case files, the lengths of time case records are retained, the data program collection, confidentiality, and other ongoing documentation.

Example: One family with five members in the home- (Mom, dad, three children)			
Intake/ Referral	One report	One service	One case with total # of household members in the home for the statistical count
Investigation	One report	One service	One case with Total # in the home for statistical count
Case Management	One family case with the primary child as receiving service: All members of the home are at home	One service	One case for statistical count with Total # of household members
Financial Casework	One family case	One service	One case with total # of household members for statistical count.
Treatment	One case	One service	One case with one HH member or If providing treatment to all members of the HH as a group, include the total # of household members.
Example:	On family case, with specific sections for each child receiving service. - One child in RTC, One child in foster care One @ home with mom/ dad	Three services RTC Foster Care SOF	Three cases for statistical count: One case with one HH member in RTC One case with one HH member in foster care. One case with three HH members SOF
PSSF	One family	One service	One case with all household members

The following caseload standards are recommended for various types of cases.

Types of Cases	Weight	Programs
FAMILY, CHILDREN ADULTS, ELDER SERVICES		
A. A case, which requires intensive intervention, w/ complex environmental factors 1 and high priority of child/adult abuse/neglect investigation, active case management reunification efforts. One to One intervention service. Requires Face to Face significant contact session, minimum two hours per week with the family and the child/adult consumer.	Ten(10)	Family Pres (T IV-B) Protective Services
B. A case, which involves court intervention for reunification, A case with multiple environmental and social factors with child dependency actions and within 15 fifteen-month timeline for reunification placement would be in a foster home. Requires face-to-face contact minimum one hour per week.	Eight (8)	Time Limited Reunification (T IV-B) CMS 638
C. A case that requires skillful intervention in case management services with resource coordination that requires court intervention <& treatment services for reunification. Placement is in out of home, therapeutic foster, relative foster care etc. A case requiring moderate intervention & treatment such as services to court, and Group Home. Requires face-to-face contact with the consumer minimum one hour per two weeks.	Six (6)	Family support (T IV-B) CMS 638
D. A case, which requires monitoring and referral assistance to families and children, child institutional placements, residential treatment centers, youth homes. A case in which clients require networking with service provider & community resources. Service may or may not involve court intervention. Requires one significant session through telephone or face-to-face one-hour minimum per month with the consumer.	Four (4)	CMS 638 Family Support (TIV-B) AIHC-CMS 638 CCDF ICWA-638 APSS (T IV-B)

FINANCIAL SERVICES	Weight	
E. A case which requires at least one significant face-to-face session per three months and alternative method of contact monthly.	Three (3)	GA/CCDF PSR
F. A case which requires at least one significant face to face session per six months.	Two (2)	GA/CCDF PSR.
G. A Case, which requires at least one significant face-to-face session every twelve months.	One (1)	CSBG LIHEAP Sch clothing,
COMMUNITY ORGANIZATION	Weight	
H. Activity, which involves group work or community organization on daily basis. Collaborates with LMSW/LISW for services.	Four (4)	Public Prevention & Recruitment CIS

SPECIALTY PROGRAMS		
J. A case which requires at least one significant face-to-face session per three months and alternative method of contact monthly. Home and community based services.	(2) weight factor	ALTCS
K. A case which requires at least one significant face-to-face session per six months. Nursing home services; institutional care	(.08) weight factor	ALTCS
L Home care services, victim witness advocate, specialized child care (six months out of home care) active efforts for permanency	1-10 ratio	AIHCP Victim Witness Advocate Permanency Worker
M. Foster care, kinship care and adoption recruitment, public education, conducting foster care review board hearings, licensing, training, collaboration with state and other tribal entities	35 licensed cases (3 new pending at one time)	Foster Care Specialist

CASE FILE SET UP:

NNDSS worker is to maintain the case file according to the uniform case file set up. The Division also uses computer documentation for case progress and planning notations. All computer documents are to be printed to hardcopy and inserted into the official case record,

The Division maintains the consumer records in one of two methods:

Two section file folder

Intake/Protective Service Unit/one time assistance (burial)

Six section file folders, or the three ring binders with identified six sections.

Case Management/Specialty/Financial Services

Each file is to be specific to the consumer receiving service. In the event there is more than one individual receiving service from a family group, the narrative/progress notes, incidents reports, treatment plans, payments and receipts are to be separated according to the recipient. Materials and documents pertaining to each section of the case file is to be filed in chronological order, with the most recent file on the beginning of each section.

CASE IDENTIFICATION SYSTEM:

The case file identification is set up under the reported person's assigned case number. In the event a sibling group is referred in an initial family Intake, the case file is to be set up in the youngest identified child's name/number. The IMS family profile will include the case numbers of each of the other siblings in the group. A separate section of narrative/progress notes, treatment plans, payments etc. are to be set up for each member of the family requiring services. All case files will be set up to protect the applicant privacy.

The financial case file is set up under the adult who has applied for the service. Other household members will be identified in the record under the IMS family Profile.

The Protective Service files are set up in the reported person's name/identified number, and all other household names will be identified in the IMS family Profile.

Specialty Services case file is set up according to who is receiving the service, example: SCCP is the individual child, PSSF is by the family unit, CCDF is by the parent receiving financial services.

Each Case will be identified by a number, when a minor is emancipated or reaches the age of majority, the case number assigned to him/her will remain constant The numbering system is to identify the consumer, parents, siblings or family group and does not change with the Region, emancipation, marriage, divorce, or name change etc.

ACCESS TO RECORD:

Access to the case record is restricted. Information is released with proper authorization and as allowed by the law. The assigned worker to the case is to ensure that any access to the case file is with proper written authorization. The immediate supervisor is authorized access to the case record at any time for case consult or compliance review.

CONTENTS OF CASE FILE:

Each worker assigned to the consumer case file is to document activities in the NAP format (Narrative, Assessment, Progress). The case file is a working tool and contains all the documents and materials that are necessary for the appropriate assessment of consumer progress and the services being provided. The case record is to contain all documents relating to the consumer, including worker's assessment required assessment tools, professional diagnosis, payments, contracts requirements, supervisory involvement technical assistance, consultations, acknowledgements, concurrences and decisions and supervision of the assigned worker.

The Division case files will be set up and maintained according to the following standardized format. The latest document is to be filed on top.

INTAKE/ASSESSMENT OF NEED FOR SERVICE

IMS Family Profile/history of referrals Intake Any support documents received ie. referrals, vital ID documents (when CM opens, this file is incorporated into the CM record).	Investigative Summary/Dependency request (Affidavit) Narrative.
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WA Case Management (six section classification file set up)

Child Foster Care provider/CCDF Provider/Services to Court (adoption/guardianship)

Sign in/out IMS Family Profile CIB history of referrals SS Card Residency BC	Administration Foster Home Req. Eligibility NNDSS App Req for Serv Income Budget Release of Information	Closure Summary Narratives Intake	Case Plan Incoming Mail Outgoing Mail Administration in/out mail Child Placement information Consent for travel Vacation exp.	FH License Training roster App for FC Req for Lic info FH Agreement FH Study	Criminal BG Check Health Info Character Ref School Rec Environ Hth Rpt.
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	Stats-Invoice				
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Financial Assistance Grant Assistance

(six section classification file set up)

Sign In/Out	CSBG	DIASATER	EMERGENCY TRANSPORTATION	LIHEAP	BURIAL
IMS Profile (Face sheet)	IMS Profile	IMS Profile	IMS Profile	IMS Profile	IMS Profile
Identifying Information: CIB SS Card BC	Narrative NNDSS Application Verifications: Residency Income Decision Letter Statistics/Payment	Narrative NNDSS Application Verifications: Residency Income Decision Letter Statistics/Payment	Narrative NNDSS Application Verifications: Residency Income Decision Letter Statistics/Payment	Narrative NNDSS Application Verifications: Residency Income Decision Letter Statistics/Payment	Narrative NNDSS Application Verifications: Residency Income Decision Letter Statistics/Payment

General Assistance/ TANF/ CCDF consumer

(six section classification file set up)

Sign In/Out	DSS Application	Closure	Case Plan		Release
IMS Family Profile	Verifications: Residency Income	Summary Narratives	Referrals-Out going Referral- Responses Incident Reports	Incoming Mail Outgoing Mail-Consumer Outgoing Mail- Administration	Of Information Statistics ARF
Identifying Information: CIB SS Card Birth Certificates					

SPECIALITY Home Maker

(six section classification file set up)

Sign In/Out	Closure summary Monthly reports Incident report	Narrative	Narrative	Narrative	Narrative
Case plan					
IMS Family Profile					

YOUTH HOME

Sign In/Out	Administration	In/out mail-child	Assessment Tools	Treatment Progress	Narrative
IMS Family Profile/ history of referrals	Eligibility	In/out mail-Admin	P1 to P5	Mthly reports	Section according to treatment plan
CIB	Intake	Release of Information	Level Application	Treatment Plan	
SS Card	Referrals	Statistics	Evaluations	CW Case Plan	Personalized Notebook on child's prog
Income:	Medical follow-ups		Court Reports	Incident reports	
Allowance Log			Court Orders	Staff Form	
Employment					
Bank Account					
Sign authorization					

SCCP/PSSF

Sign In/Out IMS Family Profile/	Eligibility Referrals	In/out mail-child In/out mail-Admin Release of Information Statistics	Assessment Tools P1 to P5 Level Application Evaluations	Treatment Progress Mthly reports Treatment Plan CW Case Plan Incident reports Staff Form	Narrative Section according to treatment plan
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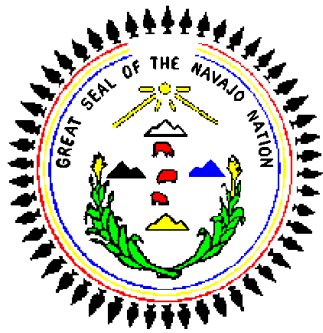
ARIZONA LONG TERM CARE SERVICES /DEVELOPMENTAL DISABILITIES

Section One	Section Two	Section Three	Section Four	Section Five	Section Six
Sign In/Out State Face Sheet 1 (eligibility, AHCCCS ID #. data) Consent for Service/ Member Choice CA166: Critical [data Demographics Share of Cost (Q only) Behavioral Health Services (only for BH recipients) CA167 Income Type (initially & annually) PAS (pre assessment screening - ACHCCCS Gener- ated) PASRR-Screening ({Q} Nursing home placements) Map (residency veri- fication) Members Rights & Responsibility (handbook) Important Members Rights acknowledge- ment Grievance Notice Acknowledgement	Prescriptions/Physicia Orders; Durable medical Form Incontinence Supplies Oral Nutrition Home Modification Member Change Q-Notice of Q-Notice of Bed Hold Program Contractor (only when	Transport Requests Provider Authorization (Referral for Service Request)	Case Narratives (SOAP) Case Consultation form Monthly Report Contingency Plan Goals Review Services Assessment UAT (Uniform Assess- ment tool) Behavioral Health Assessment (initially, annual)	Placement Request Form (Q) Mgmt Risk Agreement Incident Reports Client Issue Referral Referrals-Out going/ Responses Correspondence Incoming mail Outgoing mail-Client Outgoing mail-Admin Release of information	Closure Summary Discontinuance-Death Transfer Summary ACE DATA CA 160: Cost Effective Study CA 161- Placement Maintenance CA 165- Service Plan Service GAP Report Social Summary Ad- denda Social Summary

CASE PRIORITY AND NOTIFICATION

PRIORITIZATION	RESPONSE TIME	NOTIFICATION
PRIORITY I		
<ul style="list-style-type: none"> • 1 Death of a child or adult -to determine safety of others in The household. • 2 Severe Physical abuse • 3 Life threatening medical neglect • 4 Sexual Abuse incident in last 72 hours • 5 Immediate Danger - child left alone underage 12 • 6 Allegation of abuse, neglect or exploitation in the foster home • 7 Suicidal or homicidal behaviors 	Within six (6) hours from the time of the report	Region Director/Program Manager Protective Services Supervisor (PSW) Local Law Enforcement Officer CI (criminal investigation) FBI Hospital/Emergency Room/Clinic Immediate call to NDLE or I.H.S. Mental Health
PRIORITY II		
<ul style="list-style-type: none"> • 1 Serious physical abuse • 2 Serious physical or medical neglect • 3 Sexual abuse (prior to expiration of the Statues of Limitation) 	Within seventy-two (72) hours from the time of the report	Protective Services Supervisor (PSW) Local Law Enforcement CI FBI Hospital
PRIORITY III		
<ul style="list-style-type: none"> • 1 Moderate physical abuse • 2 Moderate physical or medical neglect • 3 Emotional Abuse • 4 Delinquent under age 8 • 5 Inadequate Supervision • 6 Dependent child under age 12 	Within five (5) days from the time of the report.	Protective Services Supervisor (PSW)
PRIORITY IV		
<ul style="list-style-type: none"> • 1 Benign abuse or neglect • 2 Potential abuse or neglect • 3 Dependent child over age 12 • 4 Exploitation 	Within ten-(10) working days from the time of the report.	Protective Services Supervisor (PSW)
PRIORITY V		

<ul style="list-style-type: none"> • 1 Truancy over age 12 • 2 Dental Neglect • 3 Immunization neglect • 4 Poor Hygiene • 5 Educational neglect • 6 Custody Disputes 	Not investigated unless all efforts have been exhausted and documentation is provided by referring source	Referral to collateral agencies: School counselor Mental Health Community Health Representative or Public Health Nurse School Liaison School Social Worker
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NAVAJO NATION DIVISION OF SOCIAL SERVICES

GENERAL INTAKE PROTOCOL

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Priority of Situation; Time; and Notification Requirements	86

INTRODUCTION:

This protocol is developed to assist the social service staff in providing effective and efficient case management services for children, families and adults, elders, using the systems model of case management service. The Division uses the following case management continuum in providing services.

1. Referral/ Intake/screening
2. Assessment, identification of need for service
3. Case Plan development
4. implementation
5. Tracking/Monitoring/Evaluation
6. Aftercare/Termination/Outreach

The purpose of the intake protocol is to provide procedural guidelines to assure a uniform administration of all the social service programs under the Navajo Nation Division of Social Services (NNDSS) contracted services

The procedural guidelines are based upon and are directly related to the definitions, purpose, policy, administrative procedures, eligibility conditions, hearings and appeals requirements prescribed in 25 CFR, 20.700 Financial Assistance and Social Service program, 25 CFR 20.32: Temporary Assistance For Needy Families (TANF) (Navajo Nation Program for Self Reliance); 45 CFR Low Income Home Energy Assistance Program (LIHEAP) and Community Service Block Grant (CSBG), New Mexico, Utah and Arizona Contract Funds, Division of Social Services Grievance and Client Rights Policy is intended to implement the regulatory requirements.

INTAKE/REFERRAL/SCREENING

A. METHODS OF REFERRAL:

Every person has the right to make a report to Navajo Nation Division of Social Services (NNDSS) on what she/he perceives as requiring NNDSS intervention. Therefore, referrals are received in the following manner:

1. in person
2. by telephone
3. by mail
4. by Facsimile
5. Any other

All reports to NNDSS are to be documented on the intake form; the decision of the supervisor regarding the action taken is documented on the form. An application for social services (NNDSS Application form) is not in lieu of the intake for social services.

B. TYPE OF REFERRALS:

1. Information and Referral:
 - a. A referral that is priority five therefore not opened and assigned for investigation.
 - b. An applicant who is requesting assistance but is receiving Supplemental Security Income, unemployment benefits, Program Self Reliance, workforce etc.

- c. An applicant who is requesting one-time financial assistance not in accordance to the one time assistance policy such as LIHEAP, CSBG,
 - d. Referral to any other specialty services such as; Arizona Long Term Care, New Mexico Medicaid, Adult In Home Care, Developmental Disabilities Services.
- 2. Referrals for Protective Services Assessment:
 - a. Any report that alleges abuse, exploitation and/or neglect of an individual regardless of age.
 - b. Any new reports that is not a duplicate of validated Protective Services where an assessment has been completed and is active with a case manager.
 - c. A report requesting institutional care services as first option for the consumer.
- 3. Referrals for Case Management services:
 - a. Referrals for Financial Assistance
 - b. Referrals from the Court requesting home investigations and report to the court.
 - c. When a report has been routed through protective services; an assessment has been completed and the need has been identified e.g. referral already assessed by state protective services, another region protective services and CM is requested for in/out of home care services or Request for Financial Assistance.
 - d. NCFS-ICWA transfer of jurisdiction request from State jurisdiction to Navajo Nation.
 - e. Referrals from the courts requesting home assessments and recommendations to the court on guardianship, termination of parental rights, child in need of supervision, request for residential placement, etc.

The intake worker and the supervisor will screen the intakes completed to determine the priority response, to either document the intake as information and referral or open for further NNDSS service.

C. INTAKE FOR INFORMATION AND REFERRAL:

For an intake requiring information and referral, the Intake Worker will perform the following:

- 1. Complete the NNDSS Intake Form.
- 2. An Intake form is to be completed on all referrals.
- 3. Protective Services Supervisor must determine the type of service required based on the intake information obtained and other documents provided by the applicants and/ or referral sources.
- 4. Any anonymous reports are to be documented on the intake form. A written notification is not required to the reporting source.
- 5. The Intake Worker will document the referral source on the intake form and forward the referral and action to the supervisor for concurrence or further action.
- 6. Make appropriate referrals to the resources identified to meet the needs of the applicant (Referral Form)
- 7. A written decision notice on the referral must be made within ten (10) working days of the applicants' request for services (Letter of Notification). The decision notice is to be sent to the reporting source and the referred applicant/guardian or parent if applicant is a minor.
- 8. Close referral and file for information and referral only cases.

D. INTAKE OPENED FOR NNDSS SERVICES:

For intakes that require social service intervention, the intake Worker will complete the following:

- 1. Complete an Intake form on all telephone calls or written reports.

2. If the reporting source is not the applicant, the intake worker will complete the intake form and compile for the case record, all documents received with the referral
3. IF THE REPORTING SOURCE IS A WALK IN AND IS THE APPLICANT: the intake form is to be completed. The NNDSS eligibility documents may be completed which includes, the NNDSS application, Release of Information, consumer rights, grievance policy, map of consumer's residence and any other forms necessary to initiate services will be completed, (Requesting financial or case management service)
4. In situations involving Protective Services (PS), the intake worker will assess the need for immediate intervention, using the set criteria defined in the response timeline.
5. The intake worker will forward the intake and/or consult with the protective service supervisor who will make a formal decision and assign the intake.
6. The Protective Service Supervisor will assign a priority and response time, document the intake plan and assign a protective service worker for assessment.
7. For all other referrals, the Intake Worker will document the report and forward the referral to the appropriate supervisor for assignment and further action such as financial assistance, specialty services or services to court.
8. The supervisor for the program will assign a weight factor, assign a worker, and complete an intake plan to assist the worker.
9. A decision notice is to be sent to the applicant and the reporting source that the referral has been activated for social services.
10. Notification is to be sent to the police department on any report involving a child alleged to be abused and neglected specifically for Priority one and two.
11. Law Enforcement assistance may be necessary for any reports of domestic abuse or self neglect.

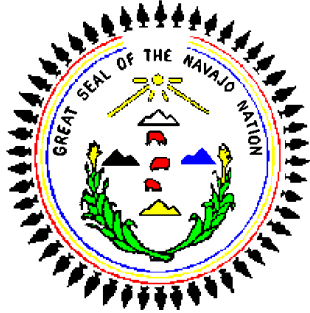
If there is an active case management case, and a new incident is reported, assignment of a protective service worker to assess the allegation is appropriate. The case manager shall not complete the assessment but continue support services to ensure there is no break in service.

In the event that a separate or a duplicate report is received on the same incident already received by NNDSS, the report is documented in the narrative (x) format in the protective service record and the document is filed for the worker's reference. The intake worker is not required to complete a new intake.

If a new report is received on a family or consumer who has an active protective service file, then the intake worker will complete a new intake. The referral is included in the ongoing CPS report for the worker to assess the validity of the new allegation or need. The referral outcome is included on the protective service summary report.

When a referral is received alleging abuse and/or neglect of a child that is in State Custody, and has been placed on Navajo through the ICWA office, the emergency protection for the child's safety is completed by the Region office. The referral is to be sent to the Indian Child Welfare Office (NCFS) and to the state that has custody of the child, to coordinate services take appropriate intervention services for the child. If the family does not disclose the ICWA involvement immediately, the Region office shall continue service until such information is disclosed, the case shall transfer upon disclosure of the State and ICWA involvement. Duplicate services will not continue.

Priority Response situation	Response Time	Notification Requirements
<p>Priority One (1)</p> <p>01 Death of a child or adult- to determine safety of others in the household.</p> <p>02 Severe Physical abuse</p> <p>03 Life threatening medical neglect</p> <p>04 Sexual Abuse incident in last 72 hours</p> <p>05 Immediate Danger-child left alone under age 12</p> <p>06 Allegation of abuse, neglect or exploitation in the foster home</p> <p>07 Suicidal or homicidal behaviors</p>	<p>Within six (6) hours from the time of the report</p>	<p>I: Region Director/Program Manager</p> <p>2-7: Protective Services Supervisor (PSW)</p> <p>Local Law Enforcement Officer</p> <p>CI (criminal investigation) FBI</p> <p>Hospital/Emergency Room/Clinic</p> <p>Immediate to NDLE or IHS Mental Health</p>
<p>PRIORITY TWO (2)</p> <p>01 Serious physical abuse</p> <p>02 Serious physical or medical neglect</p> <p>03 Sexual abuse (prior to expiration of the Statutes of Limitation)</p>	<p>Within seventy-two (72) hours from the time of the report</p>	<p>Protective Services Supervisor (PSW)</p> <p>Local Law Enforcement</p> <p>CI</p> <p>FBI</p> <p>Hospital</p>
<p>PRIORITY THREE (3)</p> <p>01 Moderate physical abuse</p> <p>02 Moderate physical or medical neglect</p> <p>03 Emotional Abuse</p> <p>04 Delinquent under age 8</p> <p>05 Inadequate Supervision</p> <p>06 Dependent child under age 12</p>	<p>Within five (5) days from the time of the report.</p>	<p>Protective Services Supervisor (PSW)</p>
<p>PRIORITY FOUR (4)</p> <p>01 Benign abuse or neglect</p> <p>02 Potential abuse or neglect</p> <p>03 Dependent child over age 12</p> <p>04 Exploitation</p>	<p>Within ten (10) working days from the time of the report.</p>	<p>Protective Services Supervisor (PSW)</p>
<p>PRIORITY FIVE (5)</p> <p>01 Truancy over age 12</p> <p>02 Dental neglect</p> <p>03 Immunization neglect</p> <p>04 Poor Hygiene</p> <p>05 Educational neglect</p>	<p>Not investigated unless all efforts have been exhausted and documentation is provided by referring source. Referral to collateral agencies.</p>	<p>School counselor</p> <p>Mental Health</p> <p>Community Health Representative or Public Health Nurse</p> <p>School Liaison</p>



NAVAJO NATION DIVISION OF SOCIAL SERVICES

PROTOCOL TO DETERMINE IDENTIFICATION OF NEED FOR SOCIAL SERVICES

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ASSESSMENT, IDENTIFICATION OF NEED FOR SERVICE

Protective Service is based on the philosophy and law that individuals have a right to be protected from abuse, neglect, abandonment, whether that be by the parent, caretakers, guardians, or others.

PROTECTIVE SERVICES GUIDING PRINCIPLES

- Every individual has a right to a permanent home for his or her safety
- A caring family is the best and least restrictive environment for well-being of an individual
- In circumstances of danger or risk of harm to a individual, NNDSS has a right to intervene in family affairs to protect the individual.
- In circumstances where safety and harm cannot be assured, the safety takes precedence over the rights of the caretakers
- Reasonable efforts should be made to preserve and strengthen an individual's existing family before an alternative placement is considered.
- Services must be available, accessible, timely, and effective,

The protective service worker shall be cognizant of family dynamics, the social and economic environment of the target population, ability to communicate with the consumers and the consumer's family in the language they are most comfortable with including the Navajo Language.

There are varying types of Referrals that the protective service worker will be required to assess in ascertaining the validity of abuse and or neglect being reported. Some reports that are received include physical, sexual or emotional abuse, neglect, and exploitation, child in need of supervision, delinquency, and self neglect.

Certain dynamics and characteristics serve as possible indicators of abuse and or neglect in families. Lack of tangible indicator should not be construed as the proof there is abuse or neglect. Therefore, the protective services worker must acknowledge that the extent to which certain dynamics and characteristics are present will vary in abusing and neglecting families. The worker must use his/her professional skills, knowledge and must utilize the assessment screening tools, to ascertain and document the extent of maltreatment.

The protective service worker must understand the dynamics of family members who may be resistance, Resistance may become evident through unwillingness to participate in the interview and assessment process, verbal, behavioral and emotional responses to block communication, and activities such as refusal to talk, let the worker into the home, overt hostility, blaming, or denying there is a problem. The worker must also acknowledge that by their role, they may be perceived as a threat to the family therefore the worker's actions to engage the family is critical.

Legal Authority:

The legal responsibility for child protective services has been delegated to the Navajo Nation Division of Social Services. (9 NTC 1251).

The Legal responsibility for elder protection services has been delegated to the Navajo Nation (Din'e Elder Protection Act)

The protection of Adults is the responsibility of the Nation. (Domestic Violence Protection Act)
Providing social services using the Kinship system. (Fundamental Law of the Dine')

Any person making a report based on reasonable belief and which is made in good faith shall be immune from civil or criminal liability for making that report. (Public Law 101-630)

A. ASSIGNMENT TO PROTECTIVE SERVICE WORKER FOR ASSESSMENT:

The Protective services process shall not exceed thirty (30) days.

1. Protective Service Worker is to note and proceed according to the priority level and timeline.
2. Ensure safety, assess risk level, and document the need for ongoing services.
3. The protective services worker will ensure safety and wellbeing.
4. Removal from the home is the last alternative
5. Worker is to assess the least intrusive environment for the individual. Example: a referral is received for home.
6. Removal is only when safety cannot be assured and for an adult, removal is only with the consumer's consent.
7. Obtain consent for social services as all adult care service is voluntary.

PROTECTIVE SERVICES WORKER IS TO:

Three major areas of responsibility lie within the protective services component. All assessment outcomes are to document the following:

1. Assess the safety of the reported person
2. Assess to determine if there are other victims or potential victims
3. Assess the need for medical intervention

The assessment activities include face to face interviews with the child/adult who is reported to be the alleged victim, the caretaker or the legal guardian, and collateral witnesses. If the reporting source is known, the source is to be interviewed as well. The worker is to gather factual information regarding the alleged incident and circumstances that may have an impact on the events. In the documentation of the above outcomes the minimal tasks the protective service worker completes are:

1. Assess the validity of the reported allegation of abuse, neglect or exploitation.
2. Assess the safety of child, adult, or elder, who has been reported to be abused and or neglected.
3. Identify and document the conditions in the home related to the risk of harm to the child or adult.
4. Document whether the child/family/adult needs services to change the conditions in the home/ family that contributes to the risk of management
5. Act on the emergent need for the child, adult or elder in intervening to prevent further risk of harm and jeopardize safety.
6. Ensure the well-being of the child, adult or elder and do no harm.

B. ASSESSING THE VALIDITY OF THE REPORT

Any PERSON can make a report to the Division regarding concerns about the safety and welfare of a minor, adult, elder within the community. In order to complete a thorough assessment, NNDSS requires the protective service worker to have an understanding of the human developmental levels, social, environment of the community and family dynamics. The case assessment is the basis for any further case work process. The assessment provides the necessary information for intervention therefore; the assessment is to be thoroughly and accurately completed. The assessment is completed in coordination with

the worker and the family. The worker must understand the family relationships, dynamics, and values, physical and social environment.

Abraham Maslow's hierarchy of needs can provide the worker with a framework with which to understand the effects of the family physical, economic and social environment, Self-actual; ego recognition, social affiliation, safety and security, physiological (food, shelter, clothing). The fundamental needs of the family may be the primary focus for survival first, and all the other remain unmet, especially the self-actualization will not be addressed.

1. The protective service worker is to make contact in person, with the subject of the report according to the response timeline and the intake plan outlined by the supervisor.
2. The worker is to make face to face contact with all household members to assess safety.
3. The worker is to contact collateral resources regarding the allegations reported.
4. The worker is to note the past history of reports to NNDSS and if the assessments were referred for case management services or closed without action. A thorough review of the reports is not necessary at this time; the history of the reports is not to impact the current assessment on the allegations unless the report is substantiated. The history of referrals and outcome is to be addressed in the case plan development upon assignment to a case manager for services and permanency planning options.

INTERVIEW:

1. The worker is to interview all members of the household and not just the reported individual. The risk of harm should be assessed on all children in the home.
2. The Child/Adult does not always have to be removed to recommend case management services, the protective service workers assessment is the basis for ongoing NNDSS intervention.
3. The worker shall interview the individual reported for abuse, neglect, and/or sexual abuse prior to interviewing the parents or caretaker.
4. The interview shall be conducted in a non-threatening environment, to ensure the individual is comfortable, using open ended questions and voluntary disclosure regarding the reported incident
5. The individual has a right to have an adult with whom she/he has a trusting relationship during the interview process.
6. Questions shall be to assess what happened prior to, during and after the incident, when the incident happened, who was involved and who witnessed the incident.
7. Note that in the event there is sexual abuse within seventy-two (72) hours prior to the report, the worker is to schedule a forensic examination, take the individual for a medical clearance and not complete an extensive or detailed interview about the alleged incident. The local law enforcement officer will report the incident to the local criminal investigator according to the Protective Services Protocol.
8. The worker has the right to interview the individual alone; without the parent or caretakers consent regarding the reported allegation.
9. The parent/legal caretaker should be notified for an interview immediately following the interview with the child and/or adult
10. The use and outcome of the risk/safety and strength and needs assessment assists the worker in remaining objective in assessing the validity of the allegation and identifying other critical issues within the family that would require additional voluntary or involuntary services.
11. The worker is to document in the protective service assessment report format, the validity of the allegation, answer the questions as outlined on the report based on the workers observation, interviews and assessments tools outcome.
- 12.

f the allegation is substantiated and if NNDSS can provide services in the home, with all the household members involved, and safety of the child/adult is not an issue, the protective service worker shall recommend continuing services under case management when the protective service closure staffing is held.

13. The worker is to assess the risk to the child/adult, if the allegation is substantiated, document the extent of the abuse or neglect and if the abuse/neglect is likely to happen again if the child/adult is not removed. The risk assessment document is to be completed to document the level of risk of harm and safety to the child or adult.
14. If the allegations are not substantiated, and based on the family assessment, a need for further intervention is not warranted, the protective service assessment file shall be closed with no further service.

C. REMOVAL FOR SAFETY AND WELL BEING:

CHILD:

If the protective service worker assesses that if the child is to remain in the home, the child's safety cannot be assured, the risk of harm is high, and although the removal of the child is the last alternative, the only option available to ensure safety, is removal, then the worker shall remove the child(ren) to ensure safety according to the CPS protocol.

If one child is at risk, the chances are high that other children are also at risk therefore, the worker shall ensure safety for all children or vulnerable adults by enforcing appropriate safety measures. In priority one and two reports, the local law enforcement shall be notified for assistance. Personal safety is always paramount therefore, the worker is to ensure that a thorough review of the referral to assess risk is imperative and personal safety is not jeopardized when making contact.

A law enforcement officer may remove a child from harm or risk of harm prior to releasing the child into NNDSS custody for placement. When placement is necessary during hours that are not considered normal tour of duty for NNDSS personnel, collaboration with the local law enforcement office is necessary to either have the child transported to the nearest police station for transfer to NNDSS worker for placement or law enforcement officer is to ensure safety of the minor at the scene prior to releasing the minor into NNDSS custody. In no event should a NNDSS worker act as a first responder in a situation or at a home where there is risk of harm to the worker and the child.

The worker is to proceed according to the placement preference, staff the reason for removal with the supervisor and the Presenting Officer, complete a protective service report and the PS report is to be submitted to the Office of the Prosecutor within eight (8) hours of removal.

The protective services worker completes the following when removal of the child is necessary to ensure safety:

1. Complete the temporary custody notice
2. Inform the legal custodian the reason the child is being removed and the legal actions that will be requested if the child is not returned within the seventy-two hours.
3. Request information that would cause the least disruption to the child such as relatives that could care for the child, what school the child attends, the grade, medication the child may be taking or allergies.
4. Serve the legal custodian and have them sign the temporary custody notice
5. Ensure there is a medical clearance of the child prior to placement.
6. Complete the placement form and document placement on the tracking form.
7. Place the child in care according to Navajo Nation Children's Code: Title IX Section 1112; placement preference for abused or neglected children.

- a. Licensed foster home or home otherwise authorized by NNDSS.
 - b. Facility operated by a licensed child welfare agency.
 - c. With relative who is willing and will guarantee to the court that the child will not be returned to the abusing parent/custodian without court consent.
 - d. Any other suitable place authorized by NNDSS.
8. An emergency relative home study is to be completed by the protective service worker if the child is being placed with a relative.
- a. The intent of the emergency home study is for the temporary emergency placement of the child not to exceed ten (10) days. The emergency home study is not in lieu of a complete home study nor is the placement permanent
 - b. The PS worker is to inform the relative of the foster care requirements especially the criminal background check.
 - c. The temporary emergency home study and a referral are sent to the foster care specialist for foster care licensing within seventy-two (72) hours of removal
 - d. The foster care specialist will complete foster care licensure according to the foster care standards within thirty (30) working days.

ADULT/ELDER:

- 1. When the consumer consents and or requests for removal, the protective services worker will remove the adult to the least intrusive and disruptive placement for the consumer.
- 2. If the consumer is over fifty-five (55) years of age, placement shall be as outlined in the Dine' Elder Protection Act.
- 3. If the consumer refuses or declines removal, service is stopped and a notice is sent to the consumer and the referring source. Ongoing support services are provided to ensure safety such as options for adult in home care, and/or referrals to other resources that may support the consumer in remaining at home as long as possible.
- 4. Involuntary commitment of the adult or elder can only be processed for the consumer's safety through the NN Family Court and with the collaboration between Division of Health and Indian Health Services.

D. DOCUMENTATION OF ASSESSMENT AND RECOMMENDATION

- 1. Worker completes the risk, safety, strength & needs assessments. Assessment should include the parents or caretaker's ability and willingness to protect the child/adult utilizing the family's strengths and resources.
- 2. The protective service worker shall include in the assessment an evaluation of the family's economic and environmental needs, and the availability of resources and support system.
- 3. Worker completes the protective services summary based on the assessments and outcome.
 - a. The Assessment summary will consist of factual information pertaining to the alleged incident and not prior allegations if removal of the child or adult is necessary for safety reason.
 - b. If there is an extensive history of substantiated abuse/neglect reports, the case manager will address this as part of the ongoing case work process.

- c. The investigative summary will answer; how, when, where, what, & who.
 - i. Request closure with protective services and open with case management if the reported allegation is substantiated or if not substantiated, but other needs have been identified to warrant the need for services to continue.
 - ii. Request dependency action if child has been removed.
 - iii. Request closure if reported allegation is not substantiated and based on the assessments, further NNDSS involvement is not warranted.
- 4. If out of home placement is necessary, all documentation involved in the assessment is to be completed and submitted to the supervisor within (8) eight hours of placement for case staffing and request for a case manager to be assigned.
- 5. Staff the request for dependency using the protection service summary.
 - 1. With the presenting officer for dependency requests.
 - 2. With the protective service supervisor and the potential case manager.
 - 3. Worker is to present findings and recommendations for determination if further services should be provided.
- 6. Protective Service Worker (PS) is to attend the Shelter hearing and possibly the preliminary hearing with the case manager once dependency action is filed.
 - a. The PS worker shall serve as witness at the shelter/detainment hearing and preliminary hearing.
 - b. The PS worker may be called upon at anytime in the court proceeding as a witness to the incident and findings.
- 7. Close the protective service assessment file with the concurrence of the Protective Service Supervisor.
- 8. The Decision notice is to be sent to the consumer indicating that the case being activated for case management services and closed with protective services. Document the assigned worker or that the protective service referral is closed with no further intervention by NNDSS.

E. DOCUMENTATION FORMAT:

- 1. CPS Assessment Summary: there are two types of Assessment summary reports.
 - a. The Assessment summary is to contain only the facts relating to the incident if a dependency action is being requested. The protective service worker is to answer in writing, what, when, where, how, and who are involved in the incident and the request for a dependency action to be filed with the court. This report is required whenever a child is placed in substitute care and the recommendation is to keep the child in care. The report is to be submitted within (8) eight working hours of the child being taken into NNDSS custody, excluding holidays or weekends. Follow the format found in the form section: "CPS Assessment Summary-dependency request."
 - b. The second type of Assessment report is when court intervention is not requested.
 - i. The risk is not enough to require out of home care but continued NNDSS involvement is recommended based on the safety/risk, strength and needs assessment. Other issues that may impact the safety and well being of the child or adult being reported is identified by the protective service

worker. The allegations reported may not be substantiated but through the assessment, other issues are identified that would warrant continued case management service. This could include extensive history of substantiated maltreatment reports on the vulnerable child/adult and/or the same issues continue to arise in each reported incident where the family cannot maintain long term safety.

- ii. The allegation is not substantiated and the need for further services is not warranted.

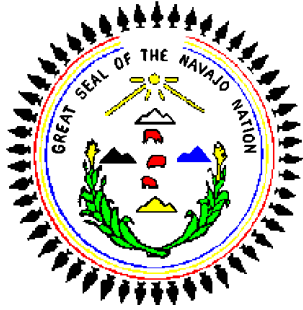
In the above instance, the protective services worker has maximum of (30) working days to complete the report and submit the findings and recommendations to the immediate supervisor. This report is more extensive in content as the protective service worker is to document the social work assessment and provide support documents for closure or ongoing casework service.

2. Adult/Elder Assessment Summary Report:

The assessment summary contains a check off list for the worker to complete upon, contact with the alleged victim. The worker is to ensure that all information is completed, document in narrative summary format, the assessment outcome, and recommendations.

CLOSING PROTECTIVE SERVICE FILE:

1. The protective services assessment file is closed upon completion of a case staffing. The staffing is to include at a minimum, the protective service worker, the supervisor, case manager, the consumer, and legal caretaker. The primary family may be invited to participate in the staffing.
 - a. Review the outcome of the assessment
 - b. Document the validity of the allegation and provide recommendation to either:
 - i. Close the referral with no further service
 - ii. Close the referral and continue with case management services,
 - c. The supervisor, protective service worker and staffing team complete the staffing consultation report.
2. If there is an active case management case, and a new incident is reported, the assignment of a protective service worker to assess the allegation is appropriate. The assigned case worker shall not complete the assessment but continue support services to ensure there is no break in service.
3. Forward the file for "Open/close" status or open with case manager for services.
4. Send consumer/legal guardian or parent notice of protective service closure and the actions documented in 1.b above.
5. The written notice is to be sent according to the NNDSS Grievance Policy.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

PROTOCOL TO DETERMINE ELIGIBILITY FOR SERVICES

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INTRODUCTION:

This protocol is developed to assist the social service staff in providing effective and efficient financial case management services for children, adults, elders, and families using the systems model of case management service.

After the referral and intake is assessed to determine the need for social services, the protective service assessment is closed with the concurrence of the Protective Service Supervisor:

A case management file is opened and assigned to a case manager for one of the following services and decision on eligibility for service:

- A. child protection voluntary services.
- B. child protection services involuntary.
- C. Adult/Elder protection services.

The Case Plan development consists of the NNDSS worker taking an application for services, determining eligibility for social services, case planning development.

Following is the General process for children, family, adult and elder service protocol in determining eligibility for social services.

Not all referrals will require a case manager at Intake. The assignment of a case manager is contingent on the identification of a need. If the referral requires crisis intervention and out of home placement is necessary to ensure safety, a case manager is essential at the onset of the report.

An assigned case manager is essential to begin eligibility determination, coordination and linking the consumer to resources.

The continuum in the case management process is paramount therefore; a change in case manager's during the time the adult is receiving social services is not recommended except where the worker/consumer relationship has been compromised.

- a. Case management Supervisor assigns a case manager to begin services when a need is identified.
- b. Assignment of a new case manager or closure of the case is not necessary if the service is ongoing.
- c. After assignment of the case, the assigned worker shall make contact with the consumer within the priority timeline.
- d. A NNDSS application shall be completed with the consumer or the consumer's parent or legal guardian.
- e. Eligibility for social services shall be processed to begin social services.
- f. The assigned worker and the consumer will complete an initial case plan based on the protective service assessments and recommendations.

A. APPLICATION FOR SERVICES:

An eligibility document on the consumer includes at a minimum the application for service and any other documents required for the specific service.

Eligibility determination is to be completed within (30) thirty days from identification of need or request for service.

- a. A worker is assigned from the time there is a documented identification of need to termination of services.
- b. An application is completed and supporting documents such as CIB, residency verification, social security cards, and any other documents specific to establishing eligibility is gathered for NNDSS records.
- c. It is not necessary to resubmit non-changing documents such as birth certificate, CIB, social security card, etc. for recertification.

B. DOCUMENTATION OF ETHICAL RESPONSIBILITY:

The applicant or if the applicant is a child, his/her parent or legal guardian shall be informed of the following on NNDSS ethical responsibilities:

1. Eligibility determination is to be completed within (30) thirty days from the date of referral or request for social services.
The applicant or legal guardian shall be informed in writing that a decision has to be made on his/her application within thirty (30) days from the date of the application.
2. If a decision cannot be made, he/she will be notified of the reason for the delay.
The applicant or legal guardian shall be informed in writing that in no event will their application be kept on pending status past forty-five (45) days from the date of application.
3. Informed consent for service.
 - a. Thoroughly complete an application for service. NNDSS worker shall assist the applicant or legal guardian in completing the application form.
 - b. NNDSS shall read to, explain the application requirements to the applicant or legal guardian in the language he/she is most familiar.
 - c. Each applicant or legal guardian will sign and date the application, if the applicant cannot sign the application, she/he can use a thumbprint to signify his/her consent. A witness to the thumbprint is to sign the application and consent for service.
 - d. If the applicant is unable to participate in the determination of his/her eligibility due to circumstances as physical or other disability, the worker is responsible for seeking alternative means to assist the applicant in establishing their eligibility for social services.
 - e. When the applicant is under legal fiduciary status, the consent for service form is not necessary as the applicant does not have a choice of possible return to family or home. A NNDSS application is to be signed by the assigned legal fiduciary representative.
 - f. A consent for service by the relative who is a legal guardian is required as the applicant has the option of remaining in the home and out of home placement remains voluntary.
 - g. Applicant consent for service is not necessary when there is involuntary commitment order on file. The legal representative completes an application for NNDSS service.
 - h. If the applicant for service request is a minor, the legal caretaker/parent shall sign the application and consent for service.
4. Mandatory reporting requirements
 - a. Worker must inform the applicant or legal guardian to report all changes in circumstances, which may affect his/her eligibility for social services.
 - b. The applicant or legal guardian is legally responsible for reporting the facts pertinent to eligibility and for reporting changes.
 - c. The workers must inform the applicant or legal guardian that NNDSS must report false or fraudulent information which may be subject to prosecution and fines. An

NNDSS referral will be made by the worker to the NN White Collar Crime Unit and the NN Department of Justice.

5. Confidentiality
 - a. The assigned worker must provide information to the applicant or legal guardian on the regulations, standards, and requirements about confidentiality.
 - b. The applicant will be advised of his/her rights under the Navajo Nation Privacy & Access to Information Act.
 - c. Under all circumstances, the applicant's right to privacy shall be a prime consideration in the application process.
6. Authorization for services
 - a. The supervisor must certify the application as soon as the applicant is recommended by the worker for social services but no later than thirty (30) days from the date of the application.
 - b. The applicant or the legal guardian is to sign a consent for service form.
7. Disclosure of information
 - a. The applicant or legal guardian must consent in writing to any information released to the NNDSS from an outside resource through a signed consent form.
 - b. The Release of Information shall be a notarized consent
 - c. The applicant or legal guardian must consent for documents to be released and information that is to be shared within NNDSS departments.
8. Clients rights
 - a. The applicant or legal guardian will acknowledge receipt of the NNDSS client rights in writing.
 - b. The applicant or legal guardian has the right and responsibility to participate in the determination of his/her eligibility for service.
 - c. The applicant is to be informed of all the eligibility requirements and the process of determination of a need for service.
 - d. The applicant shall have a clear understanding of the kinds and sources of information that is acceptable as a basis for establishing eligibility.
 - e. NNDSS is to ensure adherence to the consumer rights at all times, if there is a question of competency of the applicant NNDSS is to obtain a mental health status on the individual and assist in the identification of a legal guardian for the applicant. A state appointed fiduciary is used only as a last resort when no other relative is identified or available to provide the legal oversight for the applicant
9. Client Grievance
 - a. The applicant shall acknowledge through initialing the specific area, he/she was informed of his rights to appeal any decision affecting eligibility.
 - b. The applicant is to be informed of any changes in his social services is to be through written notice according to the NNDSS Grievance Policy.

C. ELIGIBILITY FOR SERVICES:

State funded contract services and some contracted grants do not required eligibility requirements for services.

When a applicant is in need of services contracted under the financial services, (93-638) the applicant shall meet certain requirements to be eligible for service. See Financial Service Protocol Section.

An eligibility document on the consumer and his/her family includes at a minimum the application for service, and any other documents required for the specified service.

Eligibility determination is to be completed within thirty (30) days from identification of need or request for service.

A case manager is assigned from the time there is a documented need, from intake to the termination of services.

An application is completed and supporting documents such as CIB, residency verification, social security cards, and any other documents specific to establishing eligibility is gathered for NNDSS records.

It is not necessary to resubmit non-changing documents such as birth certificate, CIB, social security card, etc. for recertification.

D. ELIGIBILITY RE-DETERMINATION:

All service recipients' eligibility shall be reviewed minimum every six (6) months to determine the need for continued services and basic eligibility. The recertification is completed for child & family services, adult and elder services and financial Assistance service.

1. A full Social Service Application Form must be completed every twelve (12) months for eligibility re-determination.
2. The re-certification form must be completed by the sixth (6th) month from the date of the full application.
3. The Revised Case Planning Form must be completed at a minimum every six (6) months.
4. Appropriate referrals and follow up will be made to State Agency responsible for Medicaid/Medicare insurance. The file is to contain the documented efforts on payment options and denials prior to using and authorizing federal funds. (93-638)

E. NOTIFICATION:

The consumer if age appropriate and his/her legal guardian or caretaker has the right to be informed of the social services status on any referral to NNDSS.

1. The consumer must be informed of his/her right and responsibilities in receiving social services.
2. The consumer must be informed of his/her right to grievance policy and procedures.

Each written notification of social service action is sent to the consumer and or legal guardian according to the timelines outlined as follows:

1. A letter of notification will be sent to the reporting source and applicant within ten (10) working days from receipt of referral indicating that the referral has been received and the type of action taken.
2. A decision on the protective services assessment pertaining to the referral must be made within thirty (30) working days from the date of the intake.
3. Written notification is to be received by the applicant or his/her legal guardian within forty-five (45) working days from the date of the referral.
4. The protective service assessment is to be closed immediately upon identification of need and opened with case management services to begin the application process.
5. An Application for social service must be taken upon identification of need to begin the eligibility process for social services. A decision must be made within thirty (30) days from the date of the application.

6. The PSW shall make a decision on the application through certification as approved for service or deny as ineligible for service within ten (10) days from the date of the applicant and or his/legal guardian signs the application.
7. The applicant must be notified in writing on the status of the application within forty-five (45) days from the date of the requested service.
8. The applicant must be notified in writing on any delays in services and the reason for the delay if a decision has not been made on the application.
9. If the applicant is determined ineligible, the assigned worker may refer the applicant to other community resources using the NNDSS referral form. A copy of the referral is to be sent to the applicant.
10. Appropriate referrals and follow up will be made to state agencies responsible for Medicaid/Medicare health insurance.
11. The applicant must be informed of any changes in his social services including discontinuation of services as outline in the NNDSS grievance policy and procedures as soon as the information is received by NNDSS.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

PROTOCOL FOR CHILDREN AND FAMILY SERVICES

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CASE PLAN DEVELOPMENT

Not all referrals will require a case manager at Intake. The assignment of a case manager is contingent on the identification of a need. If the referral requires crisis intervention and out of home placement is necessary, the case manager is essential at the onset of the report-Case manager involvement is essential to begin eligibility determination, coordination and linking the consumer to resources.

The continuum in the case management process is paramount; therefore, a change in case managers during the time the family is receiving social services is not recommended except where the worker/consumer relationship has been compromised or the employment status changes.

1. Case management supervisor assigns a worker to begin services when a need is identified,
2. After assignment of the case, the assigned worker shall make contact with the consumer within the priority timeline.
3. A NNDSS application shall be completed with the consumer to begin social service.
4. The assigned worker and the consumer will complete an initial case plan based on the protective service assessments.
5. The original signed case plan is provided to the consumer, a copy is retained for the case manager file.
6. The case plan is a working document and is to be edited and updated as needed to document progress.
7. The case plan shall be revised minimum one time every (6) months, Frequency is incumbent upon the consumers is progress in accomplishing the agreed upon objectives before the timelines proposed on the plan.
8. The case plan shall be in specific, measurable, attainable, realistic, time limited format
9. The consumer, if over age twelve (12); the parent shall sign the case plan along with the case manager, and participating specialty services worker.

CASE PLANNING:

Permanency planning begins as soon as the case is assigned, especially if a consumer is in out of home care.

1. Use the NNDSS Case Planning Form with appropriate signatures as proper documentation.
2. Utilization of Assessment tools includes: NCFAS, Genogram and the Eco Map.
3. Social Services Summary. The assigned worker will complete the psychosocial assessment using the NNDSS social summary format

The assigned worker shall complete the initial North Carolina Family Assessment Scale (NCFAS) assessment tool (see form) within thirty (30) days of case assignment. The NCFAS is to be completed every ninety (90) working days from assignment to document consumer progress.

The case plan is strength based and must emphasize consumer strengths and safety, to minimize risk. The case plan is developed in the following format: Specific, Measurable, Attainable, Realistic and Time Limited. The roles and responsibilities of providers will be specified in the case plan. i.e. foster parents; relative care providers and other providers where appropriate.

The assigned worker shall develop a case plan **with the consumer or the consumer's legal guardian** within thirty (30) days, and make referrals according to the consumer need or, within

seventy-two (72) hours on crisis cases for services and with a multi-disciplinary staffing. This may include collateral agencies, coworkers or the other unit supervisors. Family members must participate in the case planning process,

A Social Summary shall be completed and filed within thirty (30) working days of case assignment (See format)

CASE PLANS FOR CHILDREN MUST INCLUDE:

1. Documentation in the case plan must include reunification efforts and ensure the child receives safe and proper care. Parents are referred for services that support the parents decision for reunification or assist in the decision on alternative permanent placement
2. A plan for assuring that service is provided to the child and foster parents in order to address the needs of the child while in substitute care.
3. Documentation describing the appropriateness of services that have been provided to the child under the plan.
4. Placement preference must be documented when any child is placed outside the primary home, or in permanency placement plans. NNDSS is to adhere to the following placement criteria:
 - a. Immediate Family
 - b. Extended relative
 - c. Non relative, Navajo
 - d. Non relative, other Native American
 - e. Non relative, non Navajo, non Native American
5. When appropriate, for a minor age sixteen (16) and over in substitute care, the case plan shall include a written description of the programs and services which will help such a child prepare for the transition from substitute care into independent living.
6. If the permanency plan is adoption or placement in another permanent home, documentation of steps NNDSS is taking to find an adoptive family or permanent living arrangements for the child in accordance with the placement preference is to be on file.
7. Documentation of the placement setting in the least restrictive (most family like) and most appropriate setting available and is in close proximity to the parent's home, or consistent with the best interest and special needs of the child.
8. The worker shall seek outpatient treatment services for the child as the first alternative prior to considering any out of home placement in residential treatment facility.
9. **Court intervention is the last alternative and should be used only when safety cannot be assured in the home.**
10. If the child has been placed in a residential treatment facility or care institution a substantial distance from his/her home, documentation shall be on file justifying the reasons why the placement is in the best interest of the child.
11. When a child is placed in substitute care in a State outside of Navajo Nation, the case manager shall visit the foster home or facility minimum once every six (6) months and submit a report on the visit Otherwise visits to NNDSS subcontracted facilities are to be on a monthly basis.
12. The case manager shall not consent to a child's residential placements, medical procedures, do not resuscitate (DNR), haircuts, or marriage for a minor who is the consumer. Parent or Legal guardian written consent is required.
13. When a child is placed in out of home foster care-, the worker is to make face-to-face contact with the child on a minimum one time per month. The case plan is to outline the visits by the assigned worker, and the parent/caretaker
14. Assurance that the permanency hearings determine whether an out-of-home placement continues to be appropriate and in the best interests of the child.

15. To the extent available and accessible, incorporate the health and education records of the child including:
 - a. The names and addresses of the consumer's health and educational providers;
 - b. The consumer's grade level performance consumer's school record;
 - c. Assurances that the consumer's placement in foster care takes into account the proximity to the school in which the consumer is enrolled at the time of placement
 - d. A record of the consumer's immunization;
 - e. The consumer's medications and; any other relevant health and education information concerning the child determined to be appropriate by the NNDSS.
16. Unless the permanency plan is for termination of parental rights, the parent or legal guardian is to be involved in the child's case plan and shall consent to all services for the child.

IMPLEMENTATION

The worker will be knowledgeable of internal and external resources. Outpatient service is the priority method of intervention before inpatient, based on the least intrusive method of intervention; the worker will screen and refer consumers for specialty services:

To ensure case plan implementation, the assigned worker shall:

1. Collaborate and coordinate with the consumer and his/her guardian or parent as appropriate in the development of goals, objectives and the assessment of progress.
2. The assigned worker must have minimum one to two contacts per month with the consumer and parent or legal guardian affected by the case plan and service providers to assess progress, identify barriers, noncompliance issues and identify alternative methods of intervention.
3. The assigned worker will contact consumers to observe any adjustments, improvements, provide family conferencing, basic counseling, support services and assess need for additional service.
4. The assigned worker will assess the well being; safety and appropriateness of service for the consumer who is in out-of-home placement.
5. The assigned worker shall make face-to-face contact with the consumer in foster care minimum one time per month.

REFERRAL TO SPECIALTY SERVICES:

Following a case staffing, case plan development and agreement, the assigned worker will make referrals to the appropriate in-house NNDSS Specialty services. The referral shall be completed no later than five (5) business days after the case staffing identifying the specific specialty service recommended. The referral shall include the following:

1. Referral to the Specialty Service identifying the request for service.
2. Case Staffing and consultation summary.
3. A release of information for case manager to release required documents to receiver specialty service.
4. Any other documents required by the specific specialty service.

The assigned worker does not close the case management case upon acceptance from Specialty services on a referral but remains an active participant in monitoring the Family case plan.

1. The Specialty Worker shall submit a month end report to the case manager documenting general progress. Information covered under the client/therapist privilege will not be disclosed.
2. The case manager reports progress or lack of progress to the Family Court when the family case is active with the court.
3. The Specialty Worker does not report to the Family Court, Foster Care Review Board or Multidisciplinary Team meetings.
4. Mental health therapy is confidential and the case manager shall acknowledge and adhere to the consumers' right, that the contents of the therapy sessions are not disclosed.

Referrals to service providers outside of NNDSS, or subcontracted facility:

1. The assigned worker will complete the NNDSS "Referral Form."
2. The required information will be released with a "Release of Information Form" signed by the consumer's parent or legal guardian, the NNDSS worker shall sign as a witness to the signature.
3. If the parent or legal guardian uses a thumb print as his/her signature, two witnesses to the mark must sign the document, one witness may be the assigned worker.

Families are to be assessed and their case referred with the following assurances:

1. The child, if age appropriate and his/her legal guardian or parent has the right to participate in any staffing/consultation regarding the child's case plan progress.
2. Parental consent exception is when termination of parental rights/adoption is the permanency plan.
3. All children who have a substantiated abuse/neglect incident shall be referred for a mental health assessment through the Navajo Treatment Center (NTCCF) for children and their families

Families are to be assessed and their case assigned according to the following criteria.

1. NAVAJO TREATMENT CENTER FOR CHILDREN AND FAMILIES VOLUNTARY SERVICE-
 - a. Psychotherapy as a primary method for treating children and families traumatized directly and indirectly by sexual abuse, physical abuse and or chronic neglect.
 - b. Prevention education, or traditional ceremonies are adjunct treatment to supplement an expedient and effective healing process.
 - c. This comprehensive outpatient behavioral/mental health services take into consideration realistic and attainable goals for clients in treatment.
 - d. The location of treatment is least restrictive and affordable for children and their families. Comprehensive services include collaboration with schools, health and social agencies for holistic resolve.
 - e. All clients, children and adults, are served with dignity and respect.

NTCCF services can be accessed through a written referral to the program. Referrals are received from case managers, medical services, or community resources.

For third party billing, a referral has to be accessed through Regional Behavioral health Services under Navajo Nation Division of Health.

Once NTCCF has accepted a family for mental health therapy, the case manager shall not request the release of confidential mental health therapy notes, specific progress, or for the

therapist to write or appear in court. NTCCF shall release information to the consumer only. The therapist may write a notice to the consumer of the number of sessions attended or that the consumer is receiving mental health services. The decision to release the information to the case manager or the court is at the discretion of the consumer.

2. PROMOTING SAFE & STABLE FAMILIES PROGRAM (TITLE SV-B):

Application of Matrix in assisting workers completing referrals to PSSF service based on the Protective Services Strength & Needs assessment and Risk Assessment

Substantiated Referrals Risk Level

Family Strengths	Very Low	Low	Moderate	High
[High	FSS	FSS	Legal & TLR	Legal & TLR
Moderate	None	FSS	Legal or FPS	Legal or FPS
Low	None	None	FSS	FSS

Unsubstantiated Referrals Risk Level

Family Strengths	Very Low	Low	Moderate	High
High	None	None	FPS	FPS
Moderate	None	None	FSS	FPS
Low	None	None	None	FSS

FPS: Family Preservation Services

FSS: Family Support Services

TLR: Time Limited Reunification Services

Promoting Safe and Stable Families Programs are not in within the scope of providing mental health (therapy & counseling). For therapeutic services, the assigned worker is to make referrals to the Navajo Treatment Center for Children & Their Families.

- **FAMILY PRESERVATION -VOLUNTARY SERVICE**

- Time line maximum three (3) months to six (6) months.
- Consumer is at risk Tor removal or if already removed, the consumer is returned to the home within seventy-two (72) hours.
- Goal is placement prevention through family centered model of service delivery.
- Parent is the offender.
- Parent is cooperating with NNDSS.
- Two (2) or more contacts per week at a minimum one hour each.
- Home based counseling.
- In-home parenting.
- Wrap around services.

The typical case is for first time substantiated referral or referral where the protective service worker has identified some needs but not enough to file dependency.

- **FAMILY SUPPORTSERVICES -VOLUNTARY SERVICE**

- Length of service three (3) to twelve (12) months.

- b. Service to families in need of referral and other assistance to keep the family unit intact.
- c. Child is in the home;
- d. Voluntary-cooperate with NNDSS.
- e. Strength based case management.
- f. Transportation, in home or group parenting.
- g. Traditional teaching.
- h. Referral to community resources.

The typical case is families who have identified concerns but court intervention is not necessary or any other type of out of home care.

- **TIME LIMITED REUNIFICATION -INVOLUNTARY SERVICE**

- a. Time line zero (0) to fifteen (15) months.
- b. Goal is reunification with the parent.
- c. Child is in out of home care through foster care or childcare institution caring for less than twenty-five (25) children. (Emergency Shelter care only)
- d. Total out of home care is less than fifteen (15) months.
- e. Court intervention since consumer is in out of home placement.
- f. Referrals for mental health services, individual group and family counseling.
- g. Child is in a paid placement setting.

The typical case is for first or second time substantiated referral where parents admit to the allegation but the goal is to return the child to the home within the time allowed of fifteen (15) months. The Court is involved in the child's case plan for reunification. Placement is a paid relative or non-relative placement. For non-paid placement, a referral is to be submitted to the foster care specialist for foster care licensing before services under TLR can begin.

- **POST PLACEMENT ADOPTION & SUPPORT SERVICES-VOLUNTARY SERVICE**

- a. Community education; recruitment; certifying adoptive homes; post placement to prevent disruption.
- b. Support services to families who are legal guardians of or adopting special needs child.
- c. Provide training course for families who have been certified as adoptive homes.

Post Placement and Adoption Services under the PSSF program is provided as part of the Navajo Children and Family Services-Adoption Unit (Refer to NCFS summary in this section.

3. **SPECIALIZED CHILD CARE (Specialty Worker) -INVOLUNTARY SERVICE**

- a. Based on the family history, current status of family, the child will remain in out of home care more than six (6) months.
- b. No end time line, service can continue for child until either emancipation or permanency is achieved.
- c. The goal is permanency with relatives, adoption, guardianship, or emancipation.
- d. Reunification with parent is no longer an immediate option.
- e. Child is in Licensed Foster care placement either relative or non relative.
- f. Child's case is a court dependency case.

Typical cases are referrals where there is high recidivism, child and- parents have an extensive history with NNDSS, The time for reunification and rehabilitation is no longer an option and the consumer will be in out of home care for more than six (6) months. Active

efforts are initiated for permanency and transition of the consumer from foster care to a permanent home or emancipation status.

4. SCCS FOSTER CARE RECRUITMENT AND LICENSING VOLUNTARY SERVICE

- a. Referrals for foster care providers received from community, NNDSS worker, or self-referral.
- b. NNDSS Employees are not eligible to provide foster care services for children in NNDSS custody.
- c. Any relative who has a consumer placed by the NNDSS worker for shelter.
- d. Any individual who request to have a consumer placed in their home for shelter.

Typical cases, people who are interested in providing short and or long-term shelter care for consumers who require out of home care. When a Family who is not licensed accepts a child placed in out of home care, NNDSS worker is to refer the family to the foster care specialist for licensing. Title IV-E subsidies, Time Limited Reunification and Specialized Child Care Services require for eligibility purposes, the child is placed in a paid placement whether it be relative or non-relative.

5. SERVICES TO COURT:

- a. A fee for service is not required under the following situations
 - i. A history of abuse/neglect with NDSS and service to court is part of the permanency plan for the consumer.
 - ii. NNDSS Case manager made a placement for permanency.
- b. The study is to be in compliance with the NNDSS foster care regulations.

Court ordered studies; Guardianship or Adoption study if they do not meet PSSF-APSS requirements

A child whose permanency plan is adoption or guardianship as part of the case plan may have the potential guardian or adoptive home file through the Navajo Nation Family Court for a court ordered study.

6. SERVICES TO CHILDREN, ELDERLY AND FAMILIES

- a. Alternative out of home placement for children.
 - i. Multi challenged children's placement in NN subcontracted facilities.
 - ii. Youth Home
 - iii. Tribal sub-contracted residential facilities
 - 1. Group home care
 - 2. Residential treatment
 - 3. Emergency Shelter
- b. Children in Need of Supervision assessments.
- c. Court requested placement recommendation and home assessment
 - i. Out of home placement is the last alternative method of intervention, services in the home without removal is the priority method of service. Documented efforts to maintain the family unit and use of outpatient treatment shall be on file prior to removal of the child from home for treatment.
 - 1. The child and family must meet basic 638 eligibility requirements to access the services such as NNDSS Youth Home or subcontracted facility. The family's Medicaid or insurance is primary payer for all treatment services. Written declination for outpatient services shall be on file prior to authorization of 638 funds.

2. A mental health assessment is required to ensure the least restrictive environment for the child is addressed when considering placement out of the home for mental health treatment.
3. The family and/or legal guardian involvement is required when out of home care is in the best interest of the child. The parent/legal guardian shall be involved in the placement of any child in out of home and the parent/legal guardian shall be involved in the placement and treatment process as long as the permanency plan is to return to the home.
4. Placement shall be the least restrictive environment, closest to the home where the child can receive the service and when return to the home is the permanency goal, family or legal guardian involvement is part of the family case plan,
- d. Court Request for assessment on Voluntary Relinquishment and Termination of Parental Rights court studies.
Voluntary relinquishment study is on the parent whose rights are being terminated and not the potential adoptive parent or caretaker.
- e. Educational counseling. Parenting classes may be provided by Children and Family Services as referred. Mental Health therapy and counseling is to be referred to Navajo Treatment Center for Children and Their Families (NTCCF) Program. Substance Abuse may be referred to either NTCCF or DOH Behavioral Health Programs.

7. FAMILY VIOLENCE AND PREVENTION SERVICES

- a. Provides referrals and transportation for emergency and immediate shelter placements at nearby and local shelter/safe home and other transitional housing shelter services such as motel/hotels and completes need assessments.
- b. Provides and promotes prevention awareness and education to communities, families and other resource providers regarding domestic/family violence, in the various rural areas on or near the Navajo Nation.

FVPP services target population is survivors of domestic abuse. Children involved in domestic violence shall be referred to NTCCF for a mental health assessment.

TRACKING/MONITORING

The Assigned NNDSS worker is responsible for monitoring and documenting the effectiveness of services according to the child's case plan. The assigned worker is to maintain communication with resources and the consumer to support the consumer and agency linkages; advocates on behalf of the consumer for services and is a broker to resources.

The assigned worker shall assess consumer progress to ensure effective intervention to achieve desired outcome.

- a. Consumer in foster care placement is to be contacted minimum one hour, face to face per month by the assigned worker.
- b. Consumer in residential treatment center off Navajo Nation is to be contacted minimum one hour per month via telephone, or on site. Face to Face contact shall be a minimum one time per six months at the treatment site.
- c. Consumer who remains in the home of origin will be contacted as outlined in the individual family case plan.

The assigned worker monitors to reduce fragmentation and duplication of services to the consumer, supports the consumer in maintaining focus on the progress goals and objectives, attends all court hearings, case staffing, MDT, CPT FCRB to maximize resource utilization. Worker and supervisor are to case staff minimum on a weekly basis to assess progress or lack of progress. Supervision shall be documented on the supervision record form.

REFERRAL TO CHILD PROTECTION TEAM:

The Child Protection Team (CPT) is an organized community resource team per the memorandum of agreement between Indian Health Services, NNDSS, and Law Enforcement to address high risk children reported for abuse or neglect.

Referrals are staffed with community resource members in an effort to ensure coordinated child protection services for children who are subjected to abuse and/or neglect.

Children who are referred for priority one and two are referred to child protection team to address the child's safety and linkage to appropriate support services. Once the child's safety is no longer an issue, the CPT can close the monitoring. The child is not on the CPT/FCRB concurrently.

1. To reduce the prevalence of child abuse and neglect.
2. To identify children at risk and to prevent the continuation of child abuse and neglect
3. To facilitate and coordinate community services and resources to ensure availability of and accessibility to culturally appropriate services.
4. To establish consistent relationships among tribal, state, federal, and private entities in planning and development of services to children and families.
5. The CPS worker must assess all incoming referrals and active cases which would require participation and coordination of other service providers. Such cases are those classified under Priority I and II, as follows:

Priority I

- Death of Child (to determine risk or safety of other children)
- Severe Physical Abuse
- Life threatening Medical Neglect
- Sexual Abuse
- Immediate danger/child under 12 left alone
- Allegation of Abuse, Neglect, Exploitation in a Foster Home
- Suicidal or homicidal behavior (to determine appropriateness)

Priority II

- Serious Physical/Abuse
- Serious Physical/Medical Neglect
- Sexual Abuse (Cases on which the statutes of limitation is still in effect)
- Cases classified in other categories, which require technical assistance to collaborative efforts, may still be referred.

REFERRAL TO FOSTER CARE REVIEW BOARD:

The foster care review board members and practice policies are outlined in the Foster Care Review Board Manual under the 638 Foster Care Administration.

Referral on the child to the Foster Care Review Board at the end of (4) four months from the date of out-of-home placement, the first hearing should be on the sixth month in out of home care.

1. To review the status of each child at least once every six months after the date of out-of-home placement under the supervision of the Division, including children in relative home care and children in care under a voluntary placement agreement.
2. Review cases of children in out-of-home placements and who are in custody of Division of Social Services, i.e. foster care, institutions, relative care, and group homes.
3. Make recommendation for the judicial review of cases in Navajo Nation Family Court.
4. Facilitate a plan for a permanent home for every child in out-of-home placement
5. Establish a permanent plan for every child in out-of-home placement for more than six (6) months.
6. To review the cases of each foster child to determine what efforts have been made to carry-out the permanent plan established for the child.

COORDINATION ON COURT CASES:

The CPS worker shall staff with the presenting officer, NNDSS recommendations prior to filing the assessment report requesting dependency action The CPS worker is responsible for the following reports:

1. The request for Petition on a Dependency must be within the time frames of the Navajo Nation Children's Code for requesting court intervention. (Within eight (8) hours of the child's removal from home.)
2. Staffing with the supervisor and the presenting officer prior to submitting the initial CPS Assessment Summary.
3. Provide any new information or assessment reports to the assigned worker.

Assigned case manager collaboration with the Presenting Officer:

1. Submit court reports to the presenting officer, ten (10) days prior to the scheduled court hearing.
2. If significant changes occur within the ten (10) days prior to the hearing, the case manager shall submit an "Addenda" report on the day of the hearing to the presenting officer and discuss the changes to prevent any potential miscommunication in the hearing.
3. Submit a request for change in placement in memorandum format to the presenting officer prior to the actual change in the physical placement of the child. The memorandum is to document the reason for the change in placement, support the placement preference and the least disruption to the child.
4. Submit a favorable home study along with the court report if the child is to be released to the parent, when the child has been in foster care placement more than ninety (90) days.
5. Attach a copy of the signed updated case plan at each review hearing.
6. Staff the court report recommendations with the presenting officer within the ten (10) days prior to the scheduled hearing to prevent miscommunication or multiple recommendations from the Nation at the court hearing.

The assigned worker is responsible for providing the following reports to the court when a consumer is a ward of the court and under NNDSS supervision.

Court Reports are to be submitted ten(10) days prior to the scheduled court hearing. Although a court hearing may be postponed, the report shall be submitted according to the initial court timeline. Each court report is to follow the format identified in the forms section. Examples of some of the reports that are required by the court are as follows:

1. Custody hearing (Detainment)/Shelter)
2. Adjudicatory Hearing report

3. Review hearing reports
4. Addendum/Update Report to the Family Court is necessary only when the court hearing has been postponed and the court needs to be updated on new information.
5. Report to the Court for Initial Permanency Hearing and any review of Permanency Hearings.
6. Permanency hearing, termination of parental rights and adoption reports.
7. Court Reports on families that are not active dependency with the court are to be completed through a 638 Administration Case Manager.
8. A case manager who is assigned to provide service with family shall not complete the home study for guardianship, adoption, and termination of parental rights for the family. The foster care specialist or Adoption Promotion & Support Services worker shall complete the home study for permanency according to the foster care standards in dependency cases.

COURT REVIEW REPORTS:

The assigned worker must work with the Office of the Prosecutor to ensure the case receives timely and necessary legal services. All court reports are to be directed to the Juvenile Presenting Officer and the worker is responsible to update the Juvenile Presenting Officer of the court case activity. The protective service worker completing the assessment summary and who is requesting a dependency must staff the request with the supervisor and the presenting officer prior to submitting the report.

The case manager, if one has been identified at onset of identified need, will attend the staffing as the assigned worker. The worker will appear at the shelter/detainment hearing, and will be the primary worker until the dependency case closes or if there is a change of venue within the court. The protective service worker who requested the initial dependency action is required to attend the shelter/detainment hearing and if necessary serve as a witness for the Nation during the trial proceeding.

Some of the reports NNDSS workers are required to complete are as follows:

Review of temporary custody hearing (Shelter/Detainment): A review of temporary custody hearing is held within seventy-two (72) hours of the child going into substitute care and the parents or guardian receiving Temporary Custody Notice (TCN). The hearing must be scheduled within twenty-four (24) hours from the time the petitions are filed. (Navajo Nations Children's Code, Title 09, Section 1104-1106 and 1108). The TCN notice is to be given to the parent/caretaker for signature and not left for discovery or mailed at a later time. A copy of the TCN is attached to the CPS assessment summary as evidence of parent notification that the child is in NDSS custody.

Preliminary Hearing/Pre-Trial hearing: The assigned worker is to document findings since the shelter/detainment hearing and provide a report to the court on activities since the child was detained. This report can be hand carried to the court on the day of the hearing. The initial dependency hearing must be held within twenty-one (21) days of the date on which the dependency petition was filed. The Juvenile Presenting Officer will advise the parent or guardian of his or her rights. The parent will admit or deny the allegations in the petition. The court will determine if reasonable efforts were made to prevent or eliminate the need for continued removal of the child and if services were available that would eliminate the need for continued removal. The court will order NNDSS to make reasonable efforts to provide reunification services, if the child is not returned to the parent or guardian.

Pre-Disposition hearing: A full history of the family/child relationship and support system is documented for the court. A case plan is to be attached to the court report.

Adjudication hearing: This hearing must be completed within sixty (60) days of the service of the dependency petition on the parent or guardian. If critical circumstance exists, the court may extend this deadline by thirty (30) days. At this hearing, the court determines whether the allegations of dependency are sustained by a preponderance of the evidence. If the allegations are sustained, the court may proceed with a Dispositional hearing or set the dispositional hearing within thirty (30) days. The Navajo Nation's Children's Code, Title 09, Section 1115, requires that these hearings occur within thirty (30) days following the civil summons.

Disposition hearing: This hearing must be held at the same time of, or within thirty (30) days of the dependency adjudication hearing. The purpose of this hearing is to obtain specific orders regarding the child's placement, services that have been offered to reunify the family and the efforts that have been or should be made to evaluate or plan for other permanent placement. If the court does not order reunification of the family, the court shall order a plan of adoption or other permanent plan that is in the child's best interest. The Navajo Nation Children's Code, Title 09, Sections 1116 and 1117 requires the dispositional hearing occurs 30-45 days following the adjudication hearing.

Review hearings: These hearings are held at least once every three (3) months to maximum once every six months (6) after the dispositional hearing to review the dispositional orders of the court. They may be either contested or uncontested. The Navajo Nation Children's Code, Title 09, Sections 1116 and 1117 requires the review hearings occur every six (6) months following the dispositional and adjudication hearing.

Initial permanency hearing: This hearing must be held within twelve (12) months of the child's initial removal from the parent or guardian. This hearing may be continued for not more than thirty (30) days for extraordinary circumstances. The court must order the return of the child to the parent or guardian if the return does not create a substantial risk of harm to the child's physical, mental or emotional health or safety. NNDSS must document the reunification efforts made and the progress towards family reunification. The court will make a decision whether to continue reunification or seek permanency outside the primary family unit. The court will make a determination regarding the most appropriate final plan for the child. At the conclusion of the initial permanency plan hearing, if the child is not returned to the parent or guardian, an initial permanency report must be filed with the case plan outlining the permanency goal.

Review hearing after permanency hearing: This hearing must be held at least once every year if the court determines the child should remain in out-of-home care more than twelve (12) months from the date of the permanency hearing. This hearing provides an opportunity for the court to reconsider and modify the permanency plan for the child or reaffirm the prior plan. Update Report on Permanency Hearing every twelve (12) months.

Foster Care Review Board Hearing: These hearings are held within six (6) months of out-of-home placement and at least once every six (6) months thereafter to review the case of every child who is the subject of a dependency action and remains in out-of-home care at least six (6) months.

Termination of parental rights hearing: This hearing applies to the termination of a parental rights petition filed on behalf of child entering out-of-home care. When completing the report, the worker interviews the parent who is terminating their rights regarding the court action. The report is not on the potential caretaker of the child. At this hearing, the court determines whether there are sufficient grounds to terminate the parent-child relationship. The termination of parental rights may be voluntary or involuntary.

Guardianship hearing: The hearing is set for permanent guardianship of a minor to a relative or non relative until the child reaches the age of majority or is emancipated. The worker shall comply with the foster care regulations when completing this court report. The report is on the petitioner seeking guardianship of the minor. The guardianship action may be voluntary or involuntary. The parent has the option of petitioning the court on their own to regain legal custody of their child anytime before the child reaches eighteen (18) or is emancipated.

Adoption hearing: After the termination of parental rights hearing, and when the child is freed for adoption by the court, the petitioner can file for adoption of a minor. The worker shall comply with the foster care regulations in completing the adoption hearing report.

Addendum/Updated Report: The worker shall prepare and submit this report to the court to provide new and updated information or when making a special request to the court (such as request for change in physical custody or a request for out-of-state travel).

Special Court Reports: Submit a report to the court and request a special court order when a dependent child:

1. Plans to travel out-of-state for more than thirty (30) days.
2. Plans to travel out of the country.
3. Requires non-routine surgery, general anesthesia or a blood transfusion and the permission of the parent cannot be obtained.
4. Is placed in out-of-home care other than a licensed facility.
5. Has a physical custody order that is currently in effect and is moved to a new placement; or
6. Requires inpatient hospital for psychiatric evaluation and/or treatment.
7. Within seventy-two (72) hours of the death of a dependent child.
8. To request a waiver of a parental assessment for parents who are or will be incarcerated.

All reports submitted to the Court are to be reviewed and acknowledged or concurred by the immediate supervisor. Each report is to include documentation of progress from the previous report and contain information pertaining to the case plan progress and end goal which is reunification efforts within the first twelve (12) months from removal or alternative permanency plan if reunification efforts have failed.

The worker is to complete an independent and thorough assessment of the child and family for services which are being provided.

The worker shall file the report with the Navajo Nation Family Court, Office of the Prosecutor ten (10) days before the hearing.

- a. When a guardian ad-litem (GAL) is assigned for a minor's well being, the worker will provide a copy of the report that is submitted to the court for the hearing to the GAL
- b. On service to court cases, the worker shall be assigned to complete a home study according to foster care regulations.

The NNDSS court report formats that coincide with the court hearings shall be used to complete the report.

TRANSFER OF CASE:

The case manager supervisor shall conduct a case consultation staff for the transfer with all parties involved. The staffing should include at minimum, the consumer, the case manager, supervisor, and the new case manager.

A written decision notice on the transfer of the case is to be sent to the consumer, and legal counsel and court as appropriate.

After the transfer, the newly assigned case manager shall review all case plans, assess progress and coordinate with the consumer in developing an updated case plan for ongoing services.

A Case may be transferred when it is within the same services. i.e. case management to case management or protective services to protective services or to different Region office.

- a) Transfer within the same service but to a different worker within the same office.
 - 1. Transfer summary
 - 2. Entire file will transfer to the new worker via the supervisor assignment.
- b) Transfers Region to Region are to include the following documents:
 - 1. The current NNDSS certified application.
 - 2. Copy of non-changing vital information i.e. CIB, SS, etc,
 - 3. Initial Social Summary and any addenda reports.
 - 4. Final Disposition of court case if-appropriate.
 - 5. Current Case Plan.
 - 6. Transfer summary.
 - 7. Staff the case with the receiving Region and copy of the Case consultation/staffing form.
- c) Transfer of Court, cases.
 - 1. A dependency case does not transfer to another Region unless the court venue has changed.
 - 2. There is a conflict of interest in the Region and to protect the consumer rights, the case is transferred to another Region.
 - 3. A Service to Court order is received and the applicant resides outside of the Region service area, a transfer may be requested to the Region in which the applicant resides. Written notification shall be sent to the ordering Court and the applicant and his/her legal representative.

Navajo Children & Family Services Program

The Navajo Children and Family Services (NCFS) Program provide an array of case management services to eligible children and families on and off the Navajo Nation.

- A. ICWA Unit: The ICWA Unit provides services to eligible or enrolled Navajo children pursuant to the ICWA of 1978, P.L. 95-608, Sections 1901-1963. Services are coordinated with state social service agencies when eligible or enrolled Navajo children are placed in the protective custody of state due to child abuse and/or neglect and the state has filed a Dependency Petition against the parents/guardians of the children. Services, such as, case coordination with the state Child Protective Services (CPS) social worker, state and private attorneys, and other interested parties; advocacy on behalf of the Navajo children in terms of what is the best interest of the children and meeting the cultural needs of the children; conducting relative home assessments; attending court hearings on behalf of the Navajo Nation and searching for an advocate for permanent placement according to the ICWA placement preference: 1) Appropriate Navajo relatives, 2) Other Navajo family, 3) Other Native American family,
- B. APSS Unit: The Adoption Unit extends their services to Navajo and Non-Navajo Indian families who reside on or off the Navajo Nation as outlined in the Five Year Plan of the Adoption Promotion & Support Services and the DSS Adoption Regulations. APSS includes services in the following six areas: 1) Adoptive & Kinship Home Studies; 2) Adoption Support Services; 3) Identify Certified Homes; 4) Post Placement Services; 5) Parenting Skills Training and 6) Community and Public Awareness/Recruitment Activities. A referral for request of APSS is made to the NCFS Adoption Unit. Based on the type of service requested, a specified adoption worker is assigned. The worker begins working with the family based on case plan tailored to the specific needs of the parent (s) and/or family.

- C. AZ-DES Parenting Skills Training Contract: The PST is extended to parents who reside on or off the Navajo Nation. Services are provided without regard to income; however, the family must reside within the State of Arizona. The curriculum includes stages of child development, including physical as well as emotional stages and factors influencing such development, management of child behavior and personal problem solving; teach parents how to use community resources; follow up regarding results of referrals to community resources. A referral for request of PST is made to the NCFS Adoption Unit. The assigned NCFS Adoption worker then conducts the PST in the home of the family on a bi-monthly basis based on the use of an assessment tool and curriculum, which incorporates traditional Navajo philosophy of life and oral Navajo life skills teachings. With the input of the family, a case plan is tailored to the specific needs, Navajo cultural identity and Navajo cultural knowledge of the family.

NCFS-ICWA CASE TRANSFERS TO REGION

The NCFS ICWA Unit shall transfer its cases to the Navajo Nation Division of Social Services (NNDSS) Regional Office after a state dependency proceeding has been properly transferred to a Navajo Nation Family Court. The process to transfer a state dependency proceeding involving an enrolled Navajo child or a child eligible for enrollment with the Navajo Nation shall begin after the NCFS-ICWA has properly consulted with the Navajo Nation Department of Justice (NNDJ).

- The assigned NCFS-ICWA Social Worker must first fully assess the case and then request for an immediate consultation with NNDJ.
- Jointly determine whether requesting for transfer is appropriate.

The following outlines the steps necessary to seek a transfer of a state dependency proceeding to the proper Navajo Nation Family Court.

ICWA Social Worker will:

1. Identify an appropriate placement (relative home or Navajo Nation foster home) for the subject child.
2. Submit a home study with the request for Legal Intervention to NNDJ indicating whether the home is favorable for placement.
3. Submit a notarized affidavit to NNDJ requesting for Transfer of Jurisdiction clearly stating the reasons supporting the request for transfer.
4. Request in writing to the NNDSS Regional Director a case staffing to provide the Regional case manager copies of relevant case records and to facilitate a smooth transition of the state proceeding to a Navajo Nation Family Court.
5. Provide testimony in the Navajo Nation Family Court proceedings and may be required to provide testimony in the state court proceedings.
6. Make every effort to ensure services are not interrupted during the transfer process, including Title IV-E subsidies for the child(ren).

Region Office will:

Complete an intake.

The intake remains on pending status for maximum of thirty (30) days for receipt of the following documents:

- Copy of the Navajo Nation Family Court Order accepting transfer of jurisdiction from the State Court.
- Copy of the State Court Order stating the state has closed their dependency proceedings.

Staffing:

- Complete a Case Consultation Staffing Form.
- Make a copy of all pertinent case documents.
- Meet the child(ren) and caretaker(s).

The case is open upon receipt of the supporting documents the case is opened and assigned to a case manager to initiate services and permanency planning with the parent(s) or relative caretaker (s).

NNDSS Region Office workers are not authorized to attend State Court hearings. A case is not considered active with the Region Office until all proper documents have been processed through the Navajo Nation Family Court. At which time, NCFS ICWA closes their case and the Region worker takes over the management of the case. NNDSS Region Office cannot decline a case transfer as long as proper court documents are received, such as, acceptance of the transfer of jurisdiction and state court closure of their dependency case.

NCFS REQUEST FOR TITLE IV-B SERVICES ON AN ACTIVE STATE CASE

State dependency cases involving Navajo children and their parent(s) are not eligible for the Nation's Title IV-B, PSSF services, even in cases where the parent (s) have moved to the Navajo Nation while the state continues their dependency court proceeding. The state who has custody of the Navajo child(ren) are ultimately responsible in ensuring that the child(ren) are provided any and all services including the state's Title IV-B, PSSF services. Whereas, the Nation's Title IV-B, PSSF services are contracted for Navajo children and their parent (s) who reside within the boundaries of the Nation reservation.

The state that has custody of the child shall coordinate with the NCFS office to facilitate access to the state PSSF service according to the family case plan.

ELIGIBLE TITLE IV-E ON AN ICWA TRANSFER OF JURISDICTION

When an ICWA case is being transferred to the Navajo Nation and the child is Title IV-E eligible, the NCFS ICWA Worker will take steps to ensure the Title IV-E (adoption and foster care) subsidies continue for the child before placement is made on the Navajo Nation for permanency. The child is considered eligible until she/he reaches the age of majority or is emancipated prior to age eighteen (18).

Upon receipt of all documents from NCFS ICWA worker (outlined in the prior section) the assigned

Region case manager will submit a review hearing court report on the findings and recommendations of the case. A permanency hearing will follow after the review hearing.

ICWA Social Worker will:

1. Refer the identified home on the Navajo Nation to the Region Office for foster home application process for licensure as a foster home provider.
2. Provide proper documentation to the Region Office that the child is IV-E eligible.
3. Ensure Title IV-E payment is authorized by the state.

The Principle Social Worker assigns the foster care case to a case manager to begin services.
The case manager takes steps to obtain a Navajo Nation Foster Care License:

1. Foster Care case manager initiates immediate NN foster care licensing requirements with the applicants. Documents needed for NN FC license since the home has a valid license with the state.
 - a. Complete NNDSS application and certification.
 - b. Foster care agreement.
 - c. Home study (NCFS or State study)
2. Take the documents to the 638 Administration Foster Care Specialists and obtain a Navajo Nation Foster Care License.
3. Foster Care Specialist ensures license remains active until the finalization of the dependency action. If permanency is not established within six (6) months, or expiration of license, the full Navajo Nation foster care licensure process is required

NN Region Office Case Management Case on the Child:

- The PSW- Case Management supervisor assigns the child's case to a case manager upon receipt of all documents from DOJ within thirty (30) days from the transfer staffing date (This is not a CPS referral),
- Upon assignment the child case manager will make every effort possible to ensure finalization prior to the foster care license expiration.
- Case Activity
 1. GOAL is for finalizing the permanency of placement within fifteen (15) to eighteen (18) months from initial out of home placement.
 2. The NNDSS Region Office case manager is to complete assessments and submit findings and recommendation for the review hearing and permanency hearing as scheduled.

A separate home study on the relative is to be completed by the child case manager and it is to be attached to the review hearing report. (DO not attach the state or NCFS home study)

1. Contact the applicant (foster home).
2. Obtain NNDSS eligibility documents.
3. Complete home assessment to document/support permanency placement if appropriate.
4. Complete review hearing report for permanency.
5. Submit court report and home study five days prior to the court hearing date.

Court Action for finalization (permanency) of dependency action:

1. If the Region Child Case Manager supports the permanency action, and court orders of adoption.
 - a. Obtain a copy of the final court order.
 - b. Send the final court order to IV-E Specialist
 - c. Close the child case management case.
 - d. Close your Foster Care case.
2. To continue IV-E payment:
 - a. IV-E Specialist will complete the annual foster care agreement with the relatives.
 - b. Foster home never needs to be licensed again.
 - c. Child will receive payments until she/he is 18 or is emancipated.

- d. If child has special needs and qualifies for higher rate, she/he will be eligible until she/he turns 22 years of age.

TRANSFER OF CHILD CASES ACTIVE WITH A TRIBAL COURT OTHER THAN NAVAJO

The Navajo Nation Court in which the child is under court custody will request for transfer of jurisdiction on children's cases from that Non-Navajo Tribal Court to the Navajo Nation Court. Once the Navajo Nation court exerts jurisdiction and accepts a case, the jurisdiction is transferred to the Region from the Non-Navajo Tribal office to the Navajo Region office. When a transfer of jurisdiction occurs, the following process shall be followed:

1. NNDSS initiate case staffing with the Non-Navajo Tribal Social Services on any potential transfers of cases to the Region Office.
2. Coordinates schedule for case staffing.
3. Participants are to include the PSW, case manager, Juvenile Presenting Officer, and Non-Navajo Tribal social worker.
4. The Region office takes an intake and completes case consultation staffing form when the staffing occurs.
5. The Non-Navajo Tribal social worker provides the entire file to Region office for reference.
6. All pertinent documents are to be copied by the Region Office to attach to the Intake.
7. The intake remains on pending status for maximum thirty (30) days for receipts of the following data.
 - a. The Navajo Nation Prosecutor's office will provide a copy of the transfer of jurisdiction from Tribal Court and acceptance by Navajo Nation Court
 - b. The Non-Navajo Tribal CPS case and court dependency is closed.
8. Upon receipt of the support documents, the Region office opens the case and it is assigned to a case manager for service and permanency.

NNDSS Region office case managers are not authorized to attend and participate in a Tribal court hearing other than Navajo.

A case is not considered active with the Region office until all proper documents have been processed through the Navajo Nation Court. The Region case manager takes over the management of the case when proper transfer of jurisdiction is documented as completed. If the transfer has not been completed at the end of thirty (30) days, the Region Office intake is closed and written notification is sent to the Non-Navajo Tribal social worker who referred the case.

CASE STAFFING:

The assigned worker is responsible for participating in any case staffing pertaining to the child. The assigned worker facilitates the development of the case planning form, coordination of services and agreement to service plans.

The child, family members, assigned worker and other resources must participate in the case planning discussions,

PRINCIPAL SOCIAL WORKER SUPERVISORY REVIEW:

The (PSW) Supervisor is responsible for reviewing and approving all case referrals, case plans, case transfers and termination of services.

The PSW is responsible for all case assignments, priority, and response and weight factor determinations.

Supervisory case consultation and coordination is an ongoing process from Intake, Assessment, Case Planning, Monitoring and Termination of Services. The case consultation shall include:

1. Seek advice of colleagues and supervisors in the best interest of the consumer.
2. Worker will consult and coordinate with supervisors for technical assistance on program policies and other pressing issues regarding services.
3. Worker will arrange for a case staffing with supervisors and other service providers
 - a. The assigned worker will let the consumer/family know their case will be closed prior to their last home visit or office visit for services.
 - b. The consumer is to be made aware that social services would be available to help with any problems after termination of services.
 - c. The assigned worker will review the case file to ensure that all relevant documents and information are filed in the file record.

Documentation for termination shall include:

- a. Closure summary is to be completed, acknowledged by the supervisor and filed in the case record.
- b. Case Consultation completed at the closure staffing and filed in the case record.

NOTIFICATION:

The consumer has the right to be informed of the social services status on any referral to NNDSS.

1. The consumer must be informed of his/her right to grievance policy and procedures.
2. The consumer must be informed of his/her right and responsibilities in receiving social services including termination of social service.

Upon the decision to close the case the following documents are to be sent certified mail to the child if over the age of twelve, (12) and his/her legal caretakers on the notice of formal case closure.

1. Decision notice.
2. Grievance policy.

COMMUNITY COLLABORATION/OUTREACH:

Collaborate with community in cases of disaster, or emergencies, NNDSS through the Region and Programs will complete the following:

1. Track all children in out of home care who are displaced.
2. Ensure ongoing services for community members who are in need of protection services.
3. Remain in communication with community workers and other essential child welfare workers that are displaced.
4. Preserve essential program records.
5. Coordinate with other tribes on children who are in care of social services.
6. Provide community education regarding the services provided by the NNDSS and coordinate with other resources within the communities.

NNDSS is responsible in providing outreach services to the community. Outreach can be accomplished through any of the following but not limited to the list:

1. Public education
 - a. Visibility in community activities.
2. Building a resource network
 - a. Establishing professional relationships with resources.
 - b. Understand the resource eligibility in order to link consumer to a service.
3. Participating in Resource teams.
 - a. Child protection teams
 - b. Foster Care Review Boards

c. Multi-Disciplinary Teams



NAVAJO NATION DIVISION OF SOCIAL SERVICES

PROTOCOL FOR ADULT & ELDER SERVICES

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CASE PLAN DEVELOPMENT

Not all referrals will require a case manager at intake. The assignment of a case manager is contingent on the identification of a need. If the referral requires crisis intervention and out of home placement is necessary to ensure safety, a case manager is essential at the onset of the report.

An assigned case manager is essential to begin eligibility determination, coordination and linking the consumer to resources.

For the purposes of this protocol, the case plan is also the individual service plan,

The continuum in the case management process is paramount therefore; a change in case manager's during the time the adult is receiving social services is not recommended except where the worker/consumer relationship has been compromised.

1. Case management Supervisor assigns a case manager to begin services when a need is identified.
2. Assignment of a new case manager or closure of the case is not necessary if the service is ongoing.
3. After assignment of the case, the assigned worker shall make contact with the consumer within the priority timeline.
4. An NNDSS application shall be completed with the consumer to begin social services.
5. The assigned worker and the consumer will complete an initial case plan based on the protective service assessments and recommendations.
6. The original signed case plan is provided to the consumer, a copy is retained for the case manager file.
7. The case plan is a working document and is to be edited and updated as needed to document progress.
8. The case plan shall be revised minimum one time every (6) months, Frequency is incumbent upon the consumers is progress in accomplishing the agreed upon objectives before the timelines proposed on the plan.
9. The case plan shall be in specific, measurable, attainable, realistic, time limited format
10. The consumer, and or his/her legal guardian shall sign the case plan along with the case manager, and participating specialty services worker.

CASE PLANNING:

Planning to achieve permanency begins as soon as the case is opened for service.

1. Use the NNDSS Case Planning Form with appropriate signatures for proper documentation.
2. Utilization of Assessment tools includes: i.e. Genogram and Eco Map.
Use of assessment tools and the outcome recommendations of the Protective Service summary assist the worker in developing a case plan with the consumer and/or the consumer's legal guardian.
3. Social Services Summary. The assigned worker will complete the psychosocial assessment using the NDSS social summary format
Social Summary shall be completed and filed within thirty (30) working days of the case assignment.

The assigned worker in concert with the consumer and/or the legal guardian shall develop a case plan with the consumer within thirty (30) working days. The case plan is strength based and must emphasize consumer strengths and safety, to minimize risk. The case plan is strength based and must emphasize consumer strengths and safety, to minimize risk.

The case plan is developed in the following format:

1. Specific,
2. Measurable,
3. Attainable,
4. Realistic,
5. Time Limited.

The roles and responsibilities of providers, will be specified in the case plan, i.e. home care, guardian, legal representative, relative' care providers and other providers where appropriate.

CASE PLANS (CP) FOR ADULTS MUST INCLUDE:

- a. Type & description of social services to be provided and the expected outcome of those services.
- b. Services provided to prevent the removal of the adult from the home and/or to reunify the family.
- c. The anticipated length of time for services to be provided.
- d. For out-of-home placement, document the placement setting in the least restrictive environment, most appropriate setting available, and is in close proximity to the adults home or consistent with the best interest or special needs of the consumer.

IMPLEMENTATION

The worker will be knowledgeable of internal and external resources. Outpatient service is the priority method of intervention before inpatient. Based on the least intrusive method of intervention, the assigned worker will screen and refer consumers for specialty services.

To ensure case plan implementation, the assigned worker shall;

1. Collaborate and coordinate with the consumer and the legal guardian as appropriate in the development of goals, objectives and the monitoring and assessment of progress.
2. Must have minimum one to two contacts per month with the consumer affected by the case plan and service providers to assess progress, identify barriers, noncompliance issues and identify alternative methods of intervention as needed.
3. Will contact consumers to observe any adjustments, improvements, provide family conferencing, basic counseling, support services and assess need for additional services.
4. Will assess the well-being, safety and appropriateness of placement when consumer is in out-of-home care.

REFERRAL TO SPECIALTY SERVICES:

Following a case staffing, case plan development and voluntary agreement, the assigned worker will make referrals to the appropriate in-house NNDSS services. The referral shall be within five days of the case staffing decision and shall include the following:

1. Referral to the Specialty Service.
2. Case Staffing and consultation summary

3. Any other documents required by the specific specialty service.

Referrals to services providers outside the Division, or subcontracted facilities, the assigned worker will complete the NNDSS "Referral Form." The required information will be released with a "Release of Information Form" signed by the consumer or his/her legal guardian.

Adults are to be assessed and their cases assigned according to the following criteria.

1. The consumer and/or the legal guardian have the right to participate in any staffing/consultation regarding his or her case plan progress.
2. The assigned worker shall not consent to social services, residential placements, medical procedures; do not resuscitate orders (DNR); haircuts etc. The consumer and/or the legal guardian or public fiduciary consent is required.

1. **SERVICESTOCOURT:**

- a. Court ordered studies.
- b. Guardianship study,
 1. Adult Guardianship studies shall include psychological assessment documents to support the request that the adult is incompetent and requires a guardian to consent for service or treatment on behalf of the adult, or due to the adults mental/health condition, he/she cannot make informed decisions regarding his/her daily living activities.
 2. The study on the potential guardian shall be in the format for court study on alleged incompetent adult
 3. The potential guardian shall consent to a criminal background check and character reference check. This shall be excluded only when there is a state fiduciary representative assigned.
- c. Temporary protection orders study.

NNDSS shall complete a home study per the request of the court and provide recommendations on the outcome of the study and continued need for a protection order.

Fee for Service:

A fee for service is not required under the following situations;

- i. A history of abuse/neglect reports with NNDSS and the service to court is part of the permanency plan for the adult
- ii. NNDSS Assigned worker has coordinated a placement for the safety of the adult
- iii. The subject of the study meets the basic 638 eligibility requirements.

COURT REPORTS:

A case manager completes all court reports regarding the request for home study on alleged incompetent adults using the outlined report format.

The APS Worker is responsible for the following reports as they apply:

1. As part of safety and risk reduction of an adult/elder consumer, the assigned worker may need to request for court intervention. The request for Petition must be in accordance with the Dine' Elder Protection Act and the Domestic Abuse Act for filing and requesting court intervention.
 - a. Guardianship for alleged incompetent adult
 - b. Temporary protection order

- c. Involuntary commitment order
 - 2. Staffing with presenting officer prior to submitting the initial PS Assessment Summary.
 - 3. Health Commitment Act is to be coordinated with RBHA for Arizona consumers or refer the case to RBHA
 - 4. Provide any new information or assessment reports to the assigned worker. The assigned worker is responsible for providing the report to the court when an adult is a ward of the court and under NNDSS supervision,
 - 5. Court Reports are to be submitted ten (10) days prior to the scheduled court hearing.
2. SERVICES TO CHILDREN, ADULTS/ELDERLY AND FAMILIES:
- a. Alternative out of home placement for adults.
 - i. Multi-challenged adult placement facilities.
 - ii. Elderly Group Home
 - iii. Tribal sub-contracted residential facilities
 - 1) Assisted Living
 - 2) Nursing Home
 - b. Court ordered involuntary placement.
 - c. Educational counseling
 - d. Some of the Specialty Referrals include the following:

A. ADULT IN HOME CARE

Provided to eligible individuals who are at risk of institutionalization due to economic, physical or psychosocial reasons. The intent of home care is to keep individuals in their own homes; to increase or maintain self sufficiency by assisting with daily living. There is no end timeline for service, as long as the adult remains eligible for service. Service is voluntary and when adult is not eligible for other resources.

B. ELDERLY GROUP HOMES

Elder Group Homes provide a viable alternative to nursing home. The homes provide the ambulatory elderly a choice to remain in a home like environment The supervisory care services are provided in the Navajo Nation communities. Timeline for service is not specific as service may continue as long as the consumer meets the basic eligibility criteria and the placement is the least intrusive environment that will meet his or her needs.

- 1. An adult Indian is eligible to receive adult care assistance if he/she;
 - a. Is unable to meet his/her basic needs,
 - b. Including non-medical care and/or protection, with his/her own resources;
 - c. Does not require intermediate or skilled nursing care.
- 2. The applicants must be fifty-five (55) years or older.
- 3. The applicant to be served must be:
 - a. Able to ambulate independently with or without the aid of assistance devices, who may require standby assistance or assistance of no more than one staff person to transfer from bed/chair/toilet.
 - b. Able to provide self care or require minimum to moderate assistance with bathing/dressing/grooming.
 - c. Able to eat independently but may need assistance with preparing food prior to eating.

- d. Continent or occasionally incontinent of bowel and bladder which requires minimum assistance in care.
- e. Able to socially interact, although the individual may have some episodes of confusion, memory defects, impaired judgment, agitation; but requires minimal staff intervention.
- f. May receive routine medication and treatment requiring general staff monitoring under the general supervision of the Community Health Nurse or attending physician,

3. ARIZONA LONG TERM CARE SERVICES

ALTCS provides long term case management services for Arizona Medicaid recipients. The target population is Arizona residents who are aged, blind, or physically disabled. The focus is to provide culturally sensitive case management services through coordination and facilitating services for members.

Services include long term, out of home care or home based services depending on the consumer need.

Service Delivery System

The Navajo Long Term Care Services provides case management services by using a comprehensive provider network service system. Services are provided for the elderly and physically disabled population on the Navajo Nation within the State of Arizona. These following offices effectively coordinate, collaborate and communicate long-term care services with other service providers.

Covered Services

- a. Acute Medical Care
 - 1. Inpatient and outpatient hospital services
 - 2. Outpatient health services, including those services that may be provided in a Rural Health Clinic or Federally Qualified Health Center
 - 3. Laboratory, X-ray and medical imaging services
 - 4. Nursing facility services in lieu of hospitalization not to exceed 90 days
 - 5. Physician services
 - 6. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under the age of 21. These include all medically necessary services
 - 7. Medical and surgical services provided by a dentist
 - 8. Nurse-midwife, pediatric nurse practitioner and certified family nurse practitioner services
 - 9. Home health services provided in lieu of hospitalization
 - 10. Emergency ambulance transportation and medically necessary transportation services
 - 11. Emergency room services
 - 12. Other licensed practitioner services, including respiratory therapists, physician assistants, certified nurse anesthetists, licensed midwives and non-physician behavioral health professionals
 - 13. Prescribed drugs
 - 14. Medical supplies, durable medical equipment and prosthetic devices
 - 15. Therapies which include, physical, occupational, auditory and speech therapies
 - 16. Podiatry services
 - 17. Private duty nursing services, if medically necessary
 - 18. Optometrist services

19. Eyeglasses and contact lenses for members 21 years and older as the sole external prosthetic device after a cataract extraction
 20. Emergency dental care, extractions and medically necessary dentures for members.
 21. Home health therapy services
 22. Screening, diagnostic, rehabilitative and preventive services for members 21 years and older.
- b. Covered ALTCS services include all Acute Care Services, Home Community Based Services and the following services:
1. Nursing facility services
 2. Case management
 3. Speech, physical and occupational therapies
 4. Respiratory services for ventilator dependent persons
 5. Hospice
 6. Adult Day Health
 7. Home Delivered Meals
 8. Home Health Agency services, including nursing services and home health aid
 9. Homemaker services
 10. Personal Care services
 11. Respite Care services
 12. Habitation services
 13. Group Respite services as an alternative to Adult Day Health
 14. Attendant care services
 15. Environmental modifications
 16. Non-Medical Transportation
- c. Institutional Settings
1. Nursing facilities (NF)
 2. Institutional Care Facilities/Mentally Retarded
 3. Hospice
- d. Eligibility Criteria
- i. Financial Eligibility

Individuals must be financially eligible for Arizona Long Term Care Services. The eligibility is determined by the Arizona Department of Economic Security.
 - iii. Medical Eligibility

Once financial eligibility has been established for Arizona Long Term Care Services, a Pre-Admission Screening (PAS) is conducted by a registered nurse or social worker to determine if the individual is at immediate risk of institutionalization in either a nursing facility or an Intermediate Care Facility for the Mentally Retarded. If deemed necessary, the registered nurse or social worker may refer the case to a physician for a final determination. Arizona Health Care Cost Containment System has developed five standardization Pre-Admission Screening instruments; one is used to screen persons who are elderly and/or physically disabled.

For most Arizona Long Term Care members, medical eligibility is reassessed on an annual basis. However, reassessments are done every four years on individuals who have been enrolled with Arizona Long Term Care Services for two consecutive years, if the following conditions exist:

1. Alzheimer's disease, dementia, or organic brain syndrome that impact Activities of Daily Living or receive treatment;
2. Persons who are elderly or physically disabled and have had a Skilled Nursing Facility -2 level of care on their past two assessments;
3. Persons who have been continuously institutionalized for three or more

- consecutive years and have been eligible for three consecutive years;
4. Persons 80 years or older;
5. Persons with severe or profound mental retardation.

TRACKING/MONITORING:

The assigned worker is responsible for assessing service outcomes and shall:

1. Be responsible for monitoring and documenting the effectiveness of services according to the consumer's case plan.
2. Maintain- communication with resources, access agency services; advocates and brokers for resources on behalf of the consumer at a minimum one (1) time per month.
3. Assess consumer progress to ensure effective intervention to achieve desired outcome.
4. Monitors to reduce fragmentation and duplication of services to the consumer,
5. Maintain contact with the consumer on site/person to person one (1) time per month.
6. Support the consumer in maintaining focus on the progress goals and objectives.
7. Attend all court hearings, case staffing, Adult Protection Team meeting to maximize resource utilization.
8. Staff the case with the supervisor minimum one (1) time per week to assess progress or lack of progress.

The worker is responsible for monitoring and documenting the effectiveness of services according to the consumer's case plan. The worker is to use the narrative form and the entries are to be in the Narrative, Assessment, Plan, X-general entry format (See Professional standards).

Adult Protection Team (APT)

Adults/ Elders who are priority one (1) and two (2) are usually referred to the adult protection team. Once the adult's safety is no longer an issue, the AP T may close the monitoring service. Referrals are staffed with community resource members in an effort to ensure coordinated Adult protection services.

1. To reduce the prevalence of Adult abuse and neglect.
2. To identify adults at risk and to prevent the continuation of abuse and neglect.
3. To facilitate and coordinate community services and resources to ensure availability of and accessibility to culturally appropriate services.
4. To establish consistent relationships among tribal, state, federal, and private entities in planning and development of services to adult and elderly.

CASE STAFFING:

The assigned worker:

1. Is responsible for participating in any case staffing pertaining to the consumer.
2. Facilitates the development of the case planning form, coordination of services and agreement to service plans.
3. Complete the Case Staffing Consultation Form.
4. The consumer, legal guardian, family members, assigned worker and other resources shall participate in the case planning/staffing discussions.

PRINCIPAL SOCIAL WORKER SUPERVISORY REVIEW:

The (PSW) Supervisor is responsible for reviewing and approving all case referrals, case plans, case transfers and termination of services.

PSW is responsible for all case assignments, priority, and response and weight factor determinations.

Supervisory case consultation, technical assistance and coordination is an ongoing process from Intake, Assessment, Case Planning, Monitoring and Termination of Services.

The case consultation shall focus on consumer service and program service goals to include:

1. The direct service worker seeking advice of colleagues and supervisors in the best interest of the consumer.
2. Worker consulting and coordinating with the supervisor for technical assistance on program policies and other pressing issues regarding consumer service.
3. Worker will arrange for a case staffing with supervisors and other service providers regarding service delivery.

The Principal Social Worker Shall:

1. Provide leadership and support to staff.
2. Promote teamwork through use of peer and supervisory consultation and collaboration. (Supervisory Consult form & Case staffing consultation form)
3. Exercise professional judgment and prudence in selecting and recommending services.
4. Make case assignments and provide supervisory consultation to subordinates.
5. Designate a coordinated schedule to regularly meet with direct service staff to provide supervisory reviews, training, case consults and overall program operation.
6. Complete 100% review on all cases under the PSW responsibility at a minimum one time every six months, as certification is completed and according to the contract.

AFTERCARE/TERMINATION/OUTREACH

A. POST PLACEMENT SERVICES:

Services may be continued up to six (6) to eight (8) weeks based on the assigned worker's assessment and supervisory consultation for post placement services.

1. Decision notice is to be sent to the consumer if post placement services are initiated.
2. Services are to address consumer adjustments, to make necessary referrals to community resources and/or use of family resources to meet the social service needs of the consumer.
3. Upon completion of the services, the consumer is to be notified of case closure.

Services should be discontinued when, a consumer is making good adjustment within the family and/or the community setting and/or another agency has accepted responsibility for continuing services.

B. CLOSURE OF CASE:

Case staffing with the assigned worker and supervisor will occur on all cases recommended for Case Closure to assist the worker in determining whether or not the case is ready to be closed or if a new case plan should to be developed for additional services. If it is determined that ongoing services is needed, with concurrence of the supervisor, a new case plan will be developed within five (5) working days of the decision to extend services.

1. The following shall be taken in consideration prior to closing a case:
 - i. Evaluation of goals/objectives achieved.
 - ii. Assigned worker shall contact the consumer for an evaluation on the progress and effectiveness of the services provided and determines appropriateness for closure.
 - iii. The assigned worker will let the consumer know their case will be closed prior to their last home visit or office visit for services.
 - iv. The consumer and or legal guardian is to be informed of available aftercare services. The assigned worker will review the case file to ensure that all relevant documents and information are filed in the case file.
2. With the concurrence of and review by the supervisor, cases can be closed using form under the following circumstances:
 - i. The consumer declines voluntary services, and safety is not an issue.
 - ii. The consumer has moved out of the service area.
 - iii. Lost contact with consumer after all efforts has been made to contact them.
 - iv. The consumer has met all case plan objectives and has reached their goal.
 - v. The consumer has deceased.
3. The assigned worker will let the consumer/family know their case will be closed prior to their last home visit or office visit for services.
4. The consumer is to be made aware that social services would be available to help with any problems after termination of services.
5. The assigned worker will review the case file to ensure that all relevant documents and information are filed in the file record.
6. Closure summary is to be completed, acknowledged by the supervisor and filed in the case record.
7. Case Consultation completed at the closure staffing and filed in the case record.

C. **NOTIFICATION:**

The adult consumer and or his/her legal guardian has the right to be informed of the social services status on any referral to NNDSS.

1. The consumer must be informed of his/her right to grievance policy and procedures.
2. The consumer must be informed of his/her right and responsibilities in receiving
3. Social services including termination of social service.

Upon the decision to the close the case the following documents are to be sent certified mail to the adult or elder and his/her legal caretakers on the notice of formal case closure.

1. Decision notice
2. Grievance policy.

D. **COMMUNITY COLLABORATION/OUTREACH**

The Division will collaborate and communicate with the community in cases of disaster and or emergencies through the Region and Programs as follows:

1. Track all adults in out of home care who are displaced.
2. Ensure ongoing services for community members who are in need of protection services.
3. Remain in communication with community workers and other essential adult care workers that are displaced.
4. Preserve essential program records.
5. Provide community education regarding the services provided by NNDSS and coordinate with other resources within the communities.

NNDSS is responsible in providing outreach services to the community. Outreach can be accomplished through any of the following but not limited to the list:

1. Public education
 - Visibility in the community activities
2. Building resource network
 - Establishing professional relationships with resources
 - Understand the resource eligibility in order to link consumer to a service.
3. Participate in resource teams.
 - Adult protection team.
 - Multidisciplinary team.

TIMELINES from identification of need and assignment to a case manager:

The case plan development is to be completed within thirty (30) days of identification of need.

Application certification within thirty (30) days of assessment of need.

Written notification to the consumer of case status within forty-five (45) days of application.

Case Plan review minimum one time every six (6) months to assess ongoing need.

Recertification form to be completed at six(6) months after a full application is completed.

A full Application to determine ongoing need for service annually.

Grievance Notice is to be sent to the consumer and/or the legal guardian on every change to the application for service.

Consumer rights is to be signed and acknowledged at each full application process.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

PROTOCOL FOR FINANCIAL SERVICES

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INTRODUCTION:

This protocol is developed to assist the social service staff in providing effective and efficient financial case management services for children, adults, elders, and families using the systems model of case management service. The Division uses the following case management continuum in providing services.

1. Referral/ Intake/screening
2. Assessment, identification of need for service
3. Case Plan development
4. Implementation
5. Tracking/Monitoring/Evaluation
6. Aftercare/Termination/Outreach

The purpose of this Financial assistance protocol is to provide procedural guidelines to assure a uniform administration of all the financial assistance programs under the Navajo Nation Division of Financial assistance, contracted services including General Assistance, Tribal Work Experience, Emergency, Disaster, Burial, Community Service Block Grant, Low Income Home Energy Assistance and any other programs that pertain to financial aid within the Financial Services Department

The procedural guidelines are based upon and are directly related to the definitions, purpose, policy, administrative procedures, eligibility conditions, hearings and appeals requirements prescribed in 25 CFR, 20.700 Financial Assistance and Social Service program, 25 CFR 20.32: Temporary Assistance For Needy Families (TANF) (Navajo Nation Program for Self Reliance); 45 CFR Low Income Home Energy Assistance Program (LIHEAP) and Community Service Block Grant (CSBG), Division of Social Services Grievance and Client Rights Policy is intended to implement the regulatory requirements.

The financial assistance program is to promote self-sufficiency. Each financial assistance consumer must work with the worker to develop an individual (ISP) self sufficiency plan and document their involvement and agreement with the plan via their signature on the plan. Those consumers who are assessed to be employable shall seek employment per their ISP guidelines. An ISP will outline specific steps the individual will take towards self-sufficiency.

ASSESSMENT, IDENTIFICATION OF NEED FOR SERVICE

1. ASSIGNMENT TO WORKER FOR ASSESSMENT:

A worker involvement is essential to begin eligibility determination, coordination and linking the consumer to resources. The worker is assigned from the time there is a documented identification of need to termination of services.

The continuum in the case management process is paramount, therefore, a change in worker during the time the consumer is receiving financial assistance is not recommended, except where the worker/consumer relationship has been compromised.

1. The Supervisor assigns a worker to begin services when a need is identified.
2. After assignment of the case, the assigned worker shall make contact with the consumer.
3. A NNDSS Application shall be completed with the consumer to begin social service.
4. The assigned worker and the consumer will complete an initial case plan based on the assessments.

2. ELIGIBILITY FOR SERVICES:

The determination of eligibility is a continuous process, which includes all activities, related to an application; from the applicant's first request to receive financial assistance to closure of services.

The eligibility determination process is completed for each applicant to determine that all the specific eligibility criteria provided in requested contracted service is met. To be eligible the applicant must fully meet each of the following eligibility conditions.

- a. Indian Blood
 - i. The eligibility requirement relating to Indian ancestry permits only Indian members of a household to be eligible for financial assistance.
 - ii. The applicant must be a member of the Navajo or other Indian Tribe. Member of other non-Navajo Tribes have to be living within the service area in order to be eligible for financial assistance.
 - iii. Physical characteristics or unsubstantiated documentation of Indian ancestry does not constitute verification of this eligibility assistance.
 - iv. Eligibility determination shall include documentation from the following:
- b. Certificate of Indian Blood
 - i. In a case involving a newborn child who has not been assigned a tribal census number, pending the issuance of a tribal census number the worker can use the "Certificate of Live Birth" (of newborn) to document the Indian ancestry.
 - 1. Parents must obtain a census enrollment number for newborns within (90) ninety days post birth.
 - ii. Other official government or tribal records signifying degree of Indian blood.
 - 1. The Tribal enrollment must be in one of the Recognized Indian Tribes.
 - iii. Documents must not be altered. Any document that has been altered in any form will not be considered as an acceptable documentation.
 - iv. Indians who are not citizens of the United States are not eligible for Navajo Nation financial assistance.
 - v. Non-Navajo eligible Indian applicants meeting the blood requirement that resides within the designated service area or is eligible for assistance or service through NNDSS financial assistance program must meet all eligibility requirements.
- c. Residence:
 - i. Financial Assistance from the Navajo Nation Division of Financial assistance is limited to those eligible Indian who reside in areas designated as "its service area" (638 Contract).
 - ii. The eligible Indian shall maintain or be a member of a home situated on lands that is within the service area.
 - iii. Home visit, maps, reference, or personal knowledge shall verify the residence.
 - 1. Residency can be verifiable through a home visit. An eligibility document on the consumer includes the application for service and any other documents required for the specific service.
- 4. An eligibility document on the consumer includes the application for service and any other documents required for the specific service.
 - i. An application is completed and supporting documents such as CIB, residency verification, social security cards, and any other documents specific to establishing eligibility is gathered for NNDSS records.
 - ii. It is not necessary to resubmit non-changing documents such as birth certificate, CIB, social security card, etc. for recertification.

5. The applicant is the primary source of information in determining eligibility for service.
6. The worker must make a home visit to the consumer's home for LIHEAP (weatherization and stove) assistance eligibility.

3. DOCUMENTATION OF ASSESSMENT AND RECOMMENDATION

- a. All financial assistance programs are based on the availability of funds.
- b. Financial Assistance is a secondary or residual source of financial assistance intended to meet certain specified needs of otherwise eligible Indians. Financial assistance includes making direct payment to individuals and families to meet prescribed unmet financial needs.
 - i. "Secondary or Residual Source" implies that financial assistance funds be used to meet an allowable unmet financial need of an otherwise eligible Indian, upon determination by the worker that applicant is not eligible for any other public assistance or resource.
 - ii. However, financial assistance funds can be authorized pending a determination on the applicant's request for application to other financial assistance.
 - iii. Unmet financial need is determined by reviewing with each applicant his or her situation including assessment of family size, income or resource available and the applicable Navajo Nation financial assistance contracted standards for financial needs.
 1. The applicant must provide denial notifications from other resources such as unemployment, retirement, Program for Self-Reliance, etc from federal, state, or Navajo Nation entity.
 2. Applicants' failure to apply or to cooperate in determination of eligibility or refusal to comply with the other public assistance program policies and requirements may result in ineligibility for the NN Financial assistance program.
- c. Applicant (s) for assistance may have unmet needs other than financial.
 - i. Such need is to be explored and when applicable, consumers should be referred for other available resource using the NNDSS referral form.
- d. When an applicant is presumed eligible, a determination may be made based on information obtained in the application process; thereby, permitting essential need to be met as soon as administratively possible. Such decisions are made subject to verification.
- e. No state or county rules, regulations nor manual procedures other than applicable grant assistance standards will be applied in the administration of the financial assistance program.
- f. The worker completing the application must make an assessment of the applicant's need.
- g. Worker must be knowledgeable of other federal services, tribal programs, and community resources, which the applicant may be encouraged to utilize in resolving a particular problem.
- h. The worker is responsible for recognizing expressed or implied needs aside from the request for services and make appropriate referrals.
- i. In most instances, it is desirable to make a home visit in order to add to the understanding of the applicants need and his/her potential for self-help and self-sufficiency.

4. FINANCIAL ASSISTANCE SERVICES:

1. General Assistance
 - a. A secondary/residual source of financial assistance for eligible Indians and household members for the purpose of meeting their essential needs.
 - b. Intended to meet the basic needs of individual who are not receiving and are not eligible to receive other public assistance.
 - c. Individuals may receive general assistance pending receipt of such payments from other public assistance.
 - d. Consumer is required to use available resources to meet need and to participate in the case planning towards self-sufficiency.
 - e. Individuals must accept available employment for which they are qualified and able to perform.
2. Burial Assistance
 - a. Eligible Indians who do not have sufficient available resources to meet burial expenses,
 - b. A burial package of \$2,500.00 includes:
 - i. Casket
 - ii. Outside wooden box
 - iii. Flowers (casket spray or side spray)
 - v. Professional services
 - vi. Transportation from the mortuary to the place of burial
 - vii. Any additional cost for special needs will be assessed on a case-by-case basis.
3. Emergency Assistance
 - a. To replenish basic needs and other necessary items which were lost or destroyed in an event of a fire.
 - b. Assistance is based on a scale keyed to the family size in cases of hardship caused by natural disasters and or other documented incidents beyond the control of the applicant.
4. Disaster Assistance
 - a. Assistance to a Tribal community affected by a natural disaster, such as flood, tornado, fire, earthquake etc.
 - b. Assistance is for immediate or short-term relief.
 - c. The Navajo Nation must submit a request to the BIA Regional Director with a Navajo Nation Council resolution and the NN Presidential Declaration of Disaster as supporting documentation.
 - d. May be provided in collaboration with other Navajo Nation program activities and in the absence of other immediate federal, state, and local resources.
5. Tribal Work Experience Program (TWEP)
 - a. The purpose is to provide meaningful work or employment experience for unemployed head of household and or family members who are eligible for general assistance grant.
 - b. Service contingent on availability of funds.
 - c. Provide work experience and job skills to enhance potential job placement for general assistance consumers.
 - d. Where there are multiple family units in one household, one member of each family unit will be eligible to receive TWEP incentive payments.
6. Community Service Block Grant
 - a. The Community Services Block Grant Program (CSBG) assists in stabilizing families and preventing their breakup by providing services to alleviate economic and emotional upheavals due to the high unemployment rate on the Navajo Nation.

- b. Assistance is contingent on availability of funds.
 - c. The consumers must seek viable self-improvement alternatives, e.g. job training, participation in local projects, which promote self-sufficiency and culturally relevant programs.
 - d. An applicant can apply for CSBG assistance every other year.
- 7. Low Income Home Energy Assistance Grant (LIHEAP)
 - a. Provides assistance to low income homeowners, with priority to elderly and handicapped individuals to meet the high cost of energy during extreme weather conditions.
 - b. Assistance is contingent on availability of funds.
 - c. One-time financial assistance to certified clients to assist in the purchase of:
 - i. Heating such as wood or coal
 - ii. Utility payment for natural gas and electricity
 - iii. Assistance also may include purchase of stoves for those eligible for service.
 - d. Individuals may apply for LIHEAP annually.

5. RESOURCES:

Applicant must not have sufficient resources to meet basic and special need items.

- 1. Income: All earned or unearned income will be counted as income in the month received and is considered as liquid asset thereafter.
- 2. Income earned or unearned must be verified with the applicant's aid and recorded in the case record.
- 3. Receipt of income is verified by the best available information which may consist of
 - a. Paycheck stub
 - b. Use of Income verification form
 - c. An interview with the employer
 - d. Other sources that can provide verification.
- 4. Cash income is the receipt of wages, commission or profit from activities, which an individual is engaged as an employee or through self-employment.
- 5. In-Kind means goods or services, which are provided in lieu of income for services rendered.
- 6. Earned income means the total profit from business enterprise such as gross receipts after subtracting business expenses directly related to producing the goods or services. The self-employment income must be substantiated and verified. The worker will make reference to 25 CFR 20.311 in determining percentage of self-employment as allowable work related expenses.
 - a. Self employment income includes but not limited to:
 - i. Babysitting or child care income
 - ii. Medicine man fees
 - iii. Sales from can or bottle collection
 - iv. Arts and Crafts sales
 - v. Ranching, farming and shepherding income
 - vi. Swap meet; food bakery, cosmetics, catalog, door-door sales
 - vii. Blood plasma donation
 - viii. Proceeds from Pinon picking
 - ix. Wood and or coal vending
 - x. Proceeds from gambling, lotteries, prizes, bingos etc.
 - b. Wages: earning from employment minus allowable deduction.
 - c. Training or educational grants for which income and or stipends are not reimbursed for expenses are excluded. Example:

- i. If an individual is a board member, chapter officer, etc. and required to attend their regular meeting, then, he/she "earned" their stipend and is available income. (If reimbursement has tax deduction, then it is excluded)
 - ii. If an individual is a board member, chapter officer, etc. and receives his/her stipend purposes for their travel expenses, then reimbursement payment is NOT considered.
 - d. Earned Income Tax Credit (EITC).
 - i. Persons who qualify (overpayment or underpayment) must be for EITC may be receiving advance payments from their employers along with their salary.
 - 1. These advance payments are considered as earned income in the month they are received.
 - ii. If an individual receives the entire EITC as a portion of his/her income tax refund.
 - 1. T
he portion that is for EITC is considered earned income and the entire EITC amount is counted as income in the month the refund is received.
 - iii. When advance EITC payments are budgeted and, at the end of the tax year the amount of EITC due is more or less than the amount budgeted, adjustments are made.
 - e. In-Kind Income
 - i. The value of any item, which an individual receives in return for labor/service, is considered as earned income,
 - f. Jury Duty
 - i. Income received for serving as juror, minus allowable expense for transportation, meals, etc.
 - g. Rental Income
 - i. Any payment received for rental of property.
- 7. Unearned Income includes but not limited to the following;
 - a. Income from interest shall be counted to the extent they are not disregarded by federal statute.
 - i. Oil, gas and other mineral royalties; rental property; cash contributions such as child support and alimony; retirement; disability and unemployment benefits; Social Security Benefits; Veterans Administration Benefits; per capita payments not excluded by federal statute; sale of trust land and reinvestment in trust land or primary residence, or if set aside, has not been reinvested in trust land or a primary residence at the end of one year from the date the income was received; federal and state tax refunds.
 - b. In Kind Contribution:
 - i. A provision of shelter at no cost to the individual or household; in establishing the amount for the shelter included in the Navajo Nation Program for Self Reliance (TANF) standards if identifiable and,
 - ii. Provision of personal and household goods such as food, clothing, furniture, etc. and/or payments of debts (vehicles, loans etc.) at no cost to the individual or household.
 - iii. Unearned income may be received on a regular basis or irregular basis. When receipt of such income is sporadic or unpredictable, appropriate allowances must be made. For example, anticipated income is not to be counted until it is actually available to the applicant or consumers. The following are considered as unearned income:
 - 1) Interest payments or dividends from capital investments such as

- savings accounts, bonds, notes and mortgages, etc.
- 2) Income producing property: When there is lease or rental from property, other than the home on the acreage or lot associated with shelter by the applicant, income from rental or lease is considered as unearned and available to meet needs.
 - 3) Mineral and Oil: Gross income from mineral, gas, oil, as well as bonuses, delayed rentals and production are to be considered as unearned income.
 - 4) Contributions: Recurring contributions such as child support and alimony payments are to be considered as income available to meet needs.
 - 5) Retirement, Disability and Unemployment and other Benefits: Income from these sources is classified as unearned income.
 - 6) Life insurance, pensions, compensation, veterans benefits, railroad retirement, unemployment compensation, workman's compensation, strike benefits by unions, survivor's benefits and the servicemen's dependent's allowance are possible sources of income to the applicant and or dependents. However, cash benefits intended for the exclusive benefit of children, such as survivor's benefits or recipient of both SSI/ SSB payments should not be considered as available income to the entire household
 - 7) Per Capita Payments: funds derived from tribally owned trust or income producing enterprises shall be considered to be income for meeting needs unless excluded by federal statute.
 - 8) Land Sale Income: Income derived from sales of land with trust status shall be considered as income when it becomes available to meet need unless set aside for the specific purpose of reinvestment in trust land a primary residence by the end of one year from the date it was received, it shall be counted in its entirety as available to meet need.
 - 9) Income from the Sale of Real or Personal Property: income derived from the sale of real or personal property unless proceeds from the sale are reinvested in trust land or primary resident within one year.
 - 10) Federal and State Tax rebate: shall be considered as available income to meet need.
 - 11) No applicant or a consumer of general assistance shall be required to dispose of capital resource used in the production of income for self support, selling his or her home, or cash from an insurance policy as a condition for receiving general assistance or to meet eligibility requirements.

6. ASSISTANCE FROM OTHER GOVERNMENTAL PROGRAMS

- a. Types of Benefits that shall be assessed in determining eligibility for service as payer of secondary source.
- b. Applicants who are receiving public assistance, Supplemental Security Income payments in their own right, or whose needs are included in such payments are not eligible for General assistance,
- c. All applicants who are applying for financial assistance who is deemed eligible or potentially eligible for assistance from other programs shall be required to concurrently apply for that assistance.
- d. Navajo Nation financial assistance may be provided only to meet the applicant's needs until other resources are actually received. If necessary, the applicant can be assisted

in applying for other resources. Payments will not be authorized for any months in which Program for Self Reliance or Supplemental Security Income payments are made, except if retroactive payment to applicant is made by the other program prior to the official discontinuation of financial assistance grant.

- e. The worker is to assist in providing referrals to ascertain the eligibility status for the consumer to the assistance programs. Some of the assistance programs are identified as follows:
 - i. Veterans Benefits
 - 1) If a person is a veteran, the following benefits may be available: compensation for a service-connected disability benefits for dependents and survivors, etc.
 - ii. Railroad Retirement
 - 1) Applies to an individual who has worked for the railroad. If she/he was injured on the job, or was laid off, she/he should be referred to the Railroad Retirement Office for eligibility assessment.
 - iii. Other resources may also be available.
 - 1) Workman's Compensation
 - a. Compensation is paid to a person who was injured while on the job.
 - 2) Unemployment Compensation
 - a. Compensation for an individual who was laid off from their permanent job.
 - b. The applicant can be referred to the unemployment office for assessment
 - iv. Private Insurance:
Private insurance companies insure a person in case of disability, accident, injury or death. The family may have coverage through employment or through private pay.
 - v. Other Public Assistance eligibility: Program for Self Reliance, spousal support

7. ACCEPTANCE OF AVAILABLE EMPLOYMENT

- 1. All employable person age (16) sixteen or older who are applicants for or consumers of General Assistance are required to accept available local and seasonal employment, which they are "able" and "qualified" to perform.
 - a. The worker and the applicant or consumer shall jointly make determination of the actual availability of employment Factors to be considered in evaluating the acceptances of available employment are:
 - i. Actual availability of employment
 - ii. Physical capability and mental capacity to perform the work available, using consumer's own analysis of him/herself, sound judgment by worker or medical evidence.
 - iii. Adequate skills and experience to qualify for employment
 - iv. Employment would not create undue hardship on the family situation or interrupt school attendance of school age children.
 - v. Existence of family or childcare problems or illness of family members, which would preclude the acceptance of employment.
- 2. The employment policy does not apply if the applicant/consumer is:
 - a. Anyone younger than age sixteen (16).
 - b. A full time student under the age of nineteen (19) if he/she is attending an elementary or secondary school, or a vocational or technical school equivalent to secondary school, and that he/she is making satisfactory progress.
 - c. A person enrolled at least half-time in a program of study according to P.L. 100-297 section 5404 if he/she is making satisfactory progress, and that

- he/she was an active general assistance consumer for a minimum of three (3) months before determination/re-determination of eligibility.
- d. A person suffering from a temporary medical injury or illness and is documented in the case plan that the illness or injury is serious enough to temporarily prevent employment and that he/she must be referred to SSI if the disability status exceeds three (3) months.
 - i. A physician support statement is to be provided after thirty (30) days.
 - e. An incapacitated person who has not yet received Supplemental Security Income (SSI) assistance if a physician, psychologist, or social worker certifies that a physical or mental impairment prevents the individual from being employed and that the assessment is documented in the case plan.
 - f. A caretaker who is responsible for a person in the home who has a physical or mental impairment if a physician or certified psychologist verifies the condition, and that the case plan documents the condition required the caretaker to be home on a continuous basis; and there is no other appropriate household member available to provide this care.
 - g. A parent or other individual who does not have access to childcare if he/she personally provides full time care to a child under the age of twelve(12).
 - h. A person for whom employment is not accessible and there is minimum commuting time of one hour each way.
3. Where Navajo Nation administers a Tribal Work Experience Program (TWEP), the non-exempt individual may be available to participate in projects like the general education equivalency (GED) classes. However, participation does not relieve the individual from seeking or accepting employment.
 4. Individual who is not exempt must seek employment; provide documentation of efforts to obtain employment
 - a. In case where there is more than one employable member in a household, exclusive of a spouse identified, as not having childcare or employment is not accessible, each household member who is not exempt from seeking employment must provide evidence of four (4) or more job seeking activities per month and reviews will be scheduled in the following manner,
 1. E1: ONCE A MONTH REVIEW:
 - a. Person with a high school diploma, college education and or skilled in a trade.
 2. E2: EVERY THREE MONTHS REVIEW:
 - a. Person who has some education, but did not graduate from high school; however, assessment by worker shows person with a good employment history in a particular field or occupation.
 3. E3: EVERY SIX MONTHS REVIEW:
 - a. Uneducated and semi-educated individual categorized as "laborers" who have no work experience or unskilled shall be required to submit evidence of job seeking efforts based on the actual availability such job in or close proximity of applicant's residence.
 5. General Assistance head of household, who has been determined "unemployable" is not required to seek employment However, other individuals in his/her household who are determined "employable" will be categorized in one of the "employable" categories and is required to seek employment
 6. Procedures on employability Status:
 - a. The worker shall work with the consumer in assessing and determining which category best applies to him/her.
 - b. Based on the category (E1, E2, E3) of the consumer's employability status, the worker and consumer will discuss and agree on the type and number of job

seeking activities he/she will be required to pursue for a determined period of time.

- c. The worker and consumer shall develop employment goals on an Individual Self Sufficiency (ISP) form, which identify the planned activities of the consumer and worker. Both parties must sign the ISP.
- d. Consumers obtain a job seeking verification in written form, which should indicate the number of contacts that will be required and the duration of the job seeking activities. The consumer must seek employment and provide evidence of their monthly efforts to obtain employment
- e. The worker will determine if job-seeking efforts by the consumer meet the agreement explained in ISP.
- f. The worker shall inform consumers that if they do not seek and accept available and local and seasonal employment, or if they quit a job without good cause, they cannot receive general assistance for a period of at least sixty (60) days, but not more than ninety (90) days after they refuse or quit a job.

7. **UNKNOWN**

- a. If an effort of the consumer is not justified, the sixty (60) day period of ineligibility as explained in the section below will be enforced.
- b. E-1 & E-2 individuals who refuse, or otherwise fail to seek and accept available local or seasonable employment, or who voluntarily and without good cause do not maintain their employed status, within the last ninety (90) days will not be-eligible to receive general assistance for a period of sixty (60) days following the date of application or effective date of action/decision.
- c. A sixty (60) day period of ineligibility will be renewed upon each application for general assistance until the applicant complies with the requirement to seek and accept to seek employment as agreed to in the ISP.
- d. An individual serving sixty (60) day ineligibility period will have the suspension period reduced by thirty (30) days upon providing evidence that he/she has made reasonable efforts to seek employment
- e. Evidence of reasonable effort will be established if a consumer serving a sixty (60) day period of ineligibility voluntarily submits documents showing he/she is seeking employment and continues job-seeking activities.
- f. Periods of eligibility suspension shall affect only the individual who fails to comply with the provision.
- g. The ineligible non-Indian "employable" household member must seek employment although their needs are not included in the assistance.

8. COMPUTATION OF NEED

- 1. Basic consumption items:
 - a. These should include food, clothing, shelter, fuel, utilities, and personal requirements that the Navajo Nation has established as essential for all individuals.
- 2. Persons whose basic needs may be included in a Budget:
 - a. The determination of the inclusion of the needs of an individual or members of a family in the assistance budget shall be made after a careful analysis of the current living arrangements. This analysis shall include a determination of the individual who is to be designated as "head of household." The assistance budget will be computed for the total number of eligible persons.
 - b. The "head of household" shall be the individual who is chosen or designated by the family group as the person to be responsible for the family.

- c. All persons living together with the "head of household" including other adult members who may be related or unrelated but who function as members of the family shall be included in the family budget for purpose of determining family assistance amount
- d. The worker has the responsibility of determining the eligibility of each person included in the application for general assistance, taking into consideration the income and resources of all persons for whom assistance is being sought.
 - i. A newborn child's need must be deleted if an enrollment number is not obtained within ninety (90) days after birth.
- e. In cases where other eligible adult members are living in the same household, and they request to receive a separate grant for "justifiable reasons" the following shall apply:
 - i. Justifiable reason implies a circumstance that requires or warrants some authorization or sanction.
 - ii. The worker receiving the request will have to assess the consumer's reason for requesting a separate check.
 - 1) If the circumstances have been substantiated and there are no other ways to resolve the issue, a separate check may be authorized by the worker.
 - 2) Some examples
 - a) A claim by an individual that he/she is not benefiting or receiving his/her share of the general assistance
 - b) The general assistance is being misused by the payee
 - iii. The individual who owns the shelter or is responsible for the shelter expenses shall be eligible to receive the full assistance standards identified for his/her family size minus any available resource.
 - iv. In cases where none of the household member own or assumes responsibility for the shelter expenses, shelter cost shall be excluded.
 - 1) Each person will be informed that they will receive the full amount of standard if and when they start assuming full responsibility for shelter, unless there is evidence provided that the value of the free shelter is less.
 - v. In unique cases involving the "traditional" practice of maintaining two (2) spouses, the following procedure will apply:
 - 1) If the individual lives in the same household with both spouses and children, the entire household group is one family group and shall be included in the same assistance grant.
 - 2) If the spouses live in separate households, each family group will be treated, as a separate household and assistance budget will be set up as two separate assistance grants.
 - a) The need of the individual maintaining two spouses shall be included with the family group with whom he spends more time.
 - vi. Workers shall make every effort to keep the entire family, including other eligible adult boarders; in one budget unless a separate grant has been specifically requested and justified by the household.
 - vii. case file will be made and maintained for each financial assistance grant that is authorized by the worker. Cases, which involved separation of grant assistance, will be properly cross-referenced to avoid confusion.
 - viii. In a household composed of eligible and ineligible members, the needs of the ineligible persons will not be considered in the computation of the financial assistance grant. The eligible household members shall be

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- advised of possible assistance from other sources and a referral made.
- ix. In a mixed household composed of non-Indian spouse or family members, or Indian who do not meet the criteria set forth will be excluded from the budget. However, ineligible household member's income will be prorated to determine the amount that will be applied toward eligible household family members.
 - x. Social Security and Veterans Administration Survivors benefits paid on behalf of a child must be used or saved for the care, maintenance, education or future of the child.
 - 1) The money is not for the support of other family members. Therefore, in determining a family's eligibility for financial assistance, a child who is receiving income from the social security administration or the veteran's administration for his/her own support is to be excluded. The worker shall determine only on the remaining family member's income.
 - xi. If the consumer and spouse are living together, income received by either spouse and income jointly earned shall be considered as family income.
 - xii. If the consumer and spouse are living apart and there is no "clear break" (divorce, separation) in the family relationship and the spouses have been apart for more than thirty (30) days, the spouse will be referred to the Program for Self Reliance (TANF) office for financial assistance.
- f. The Division shall prorate:
- i. Over a twelve (12) month period, any recurring annual income received by individuals such as teachers whose regular employment does not engage them on a year round basis.
 - 1) This includes BIA school employees who get furloughed for a certain period of time.
 - ii. Income received by individuals employed on a contracted basis over the period of the contract
 - 1) One-time contractual payment will be considered as income in the month it is actually received.
 - iii. Lump sum income received quarterly, semi-annually or yearly over the period covered by the income. The NNDSS shall prorate the income unless there is evidence that the income will not continue to be received in the future. Lump sum payment such as Individual Indian Money, oil royalties, income tax refund, etc. shall be prorated according to the budget standard.
7. Income Disregards
- i. NNDSS shall disregard from the gross amount of earned income, amounts deducted for:
 - 1) Federal, State, and local taxes.
 - 2) Social Security (PICA)
 - 3) Health Insurance
 - 4) Work related and self-employment expenses for employed persons, which include expenses such as union fees and verifiable transportation to and from work, are to be deducted from the gross income to establish the amount available to meet need.
 - 5) Child Care costs except where the other parent in the home is not working or is not disabled; however exception will be made in cases where the parent in the home is determined and documented to be incapable of providing appropriate care of the children.
 - 6) The costs of special clothing, tools, and equipment directly related to the individual's employment. All the above will be disregarded from

- self-employment income after deducting costs of doing business
 - 7) Consumers of State unemployment compensation will be allowed a reasonable amount deduction for work search expense.
- ii. NNDSS shall disregard as income or other liquid assets.
 - 1) The "first" two thousand dollars (\$2,000.00) of liquid resources available to the household.
 - a) Resources are all types of income and other liquid assets available for the support and maintenance unless otherwise disregarded or specifically excluded by Federal Statute.
 - b) This provision is not to be construed as applying to earned or unearned income during the month in which such income is received. All monies not specifically exempt by law will be considered available for family support and maintenance and counted as income in the month it is actually received.
 - c) All income earned or unearned must be calculated in the month it is received.
 - d) Since the current payment processing procedures does not allow for timely adjustment of grants when incomes are received the worker must compute overpayment and recover the overpaid amount
 - e) The two thousand dollar (\$2,000.00) disregard of earned or unearned income applies after thirty (30) days has expired.
 - i) Example: A general assistance consumer receives three thousand dollars (\$3,000.00) on the 1st of August For thirty (30) days; the income is considered as available for consumer's use and makes him/her ineligible for that period. During this period, he/she spends one thousand dollars (\$1,000.00) and puts two thousand dollars (\$2,000.00) in the bank. On September 1st, he reapplies for financial assistance. The two thousand dollars (\$2,000.00), he/she has put in the bank is now a "liquid asset" and is completely disregarded under the two thousand dollars (\$2,000.00) disregard provision, and the consumer is eligible to receive assistance again.
 - ii) Secondly, for any liquid resource that is considered "liquid Asset", the two thousand dollars (\$2,000.00) disregard applies immediately. There is no thirty (30) day period when the asset can be considered available for support and maintenance, unless the asset is converted to "cash."
 - f) The two thousand dollars (\$2,000.00) disregard of liquid resource can be reapplied again under certain circumstances. The main thing to remember is the phrase, "the first two thousand dollars (\$2,000.00) of the liquid resources available to the household". Any liquid asset in excess of the two thousand dollars (\$2,000.00) disregard shall be considered available for support and maintenance and deducted from the household's assistance budget.
 - g) If an unmet need is no longer evident after the applicable liquid resource is deducted from the household's assistance budget, the financial assistance for the household will be discontinued. However, the consumer's can reapply for

- financial assistance whenever they are in need again, the process of the disregard starts all over again.
 - h) Any home produce from garden, livestock, and poultry utilized by the applicant or consumer and his/her household for their consumption.
 - i) Foster care maintenance payments are intended to meet the needs of the foster child and are to be totally disregarded as a part of the household income.
 - j) Resources specifically excluded by federal statute. In arriving at net income, the following examples shall not be considered as allowable deductions.
 - h. In arriving at net income, the following examples shall not be considered as allowable deductions.
 - i. Business expenses do not include items such as depreciation, personal business and entertainment expenses, personal transportation, purchases or capital equipment and payments on the principal on loans for capital assets or durable goods.
 - ii. Personal debts, including payroll deduction for personal debts.
 - iii. Installment payment or other payments to lending institutions including tribal and bureau credit programs, banks, loan companies, housing authorities and FHA.
 - iv. Legal judgment including child support, alimony, bail bond, attorney fees and court levied fines.
 - iii. Medical, drugs, and other related costs.
 - i Each person living-in a household is assumed and expected to use his/her income and resources in a manner that will not deprive other members of the household the basic necessities. Workers should explore and counsel household members on plans for sharing expenses.
 - i. Where the household member is a relative and is ineligible due to income, the ineligible household member shall show that they do not claim the consumer/ applicant as dependents of their Federal income Tax Information. This can be done by obtaining a copy of the latest Income Tax Return that was filed by the ineligible household member, or by having the ineligible household member submit a signed statement stating he/she does not claim the individuals in question as dependents.
- 3. The Financial Assistance shall not be used as follows;
 - a. To supplement training and or educational costs. Basic essential living costs are included in the training or educational grants.
 - b. Each student must meet the basic eligibility requirements before the following is applied.
 - i. In case where training and or education requires a member of the household to be away from the permanent residence for prolonged or extended periods of time, and if verified that training and or education grants cover that individuals basic needs only; the rest of the family members, if otherwise eligible, shall be eligible to receive general assistance.
 - ii. If the individual received training and or educational grants and participants in these activities from his/her educational grants and participation in these activities from his/her home and it is verified that his/her basic and essential living needs are not included in the educational grant and his/her family is otherwise eligible, his/her needs shall be included in the Navajo Nation general assistance grant.
- 4. To provide an alternative to Program for Self Reliance and Supplemental Security Income.

5. To supplement Program for Self Reliance or Supplemental Security Income.

CASE PLAN DEVELOPMENT

- a. In order to receive financial assistance payments, the consumer must participate in the case plan development for self-sufficiency. The purpose of the case plan and the individual self-sufficiency (ISP) is to develop long and short-term goals for self-sufficiency.

- b. CASE PLANNING:

Case planning to achieve permanency is to begin as soon as the case is assigned.

1. Use the NNDSS Case Planning Form, with appropriate signatures as proper documentation.
2. E-1 & E-2 applicants must seek employment
3. An applicant must be available and accept local and seasonal employment for which they are eligible along with the application for assistance.
 - a. The case plan shall include that if applicant fails to seek or maintain employment, he/she is subject to sixty days (60) ineligibility. The applicant shall apply for other federal, state, county, or local program, for which they may be eligible concurrent with the application for financial assistance,

The assigned worker shall develop a case plan with the consumer within thirty (30) working days. The case plan is strength based and must emphasize consumer strengths. The case plan is developed in the following format: Specific, Measurable, Attainable, Realistic and Time Limited. The roles and responsibilities of the consumer and worker will be specific.

After assessments have been completed and financial eligibility has been established, the next step is to develop a case plan. A case plan must be developed with consumer's input. If the consumer is unable to participate in the development of the case plan because of circumstances such as physical or mental disability, inability to speak English/Navajo or other such difficulties, the worker shall be responsible for contacting other persons who may be able to help in the case plan development. The format of the case plan goals and objectives shall be specific, measurable, attainable, realistic, and time limited:

1. Identification of personal information and data.
2. Identification of problems/obstacles.
3. Identification of short-term goals: The worker shall outline objectives and goals that can be accomplished within a month to six (6) month period. Goals are to be accomplished, shall be prioritized in order of needs and importance.
4. Identification of long-term goals: the worker shall outline objectives and goals that can be accomplished within six (6) months to a year. Goals shall be prioritized.
5. Tasks or course of action: Workers shall outline tasks that are to be undertaken by consumers, workers, and other service providers, emphasizing accomplishments of goals and objectives through coordinated or joint efforts. All Tasks and objectives shall be identified within reasonable time frame.

An Individual Self-Sufficiency Plan:

Individual Self-Sufficiency Plan (ISP) is developed to meet the goal of employment through specific action steps and is incorporated within the case plan for the general assistance consumer. The ISP requirement does not apply to individuals who are exempt from the job search requirement. The plan is jointly developed and signed by the consumer and the worker.

1. After assessment of financial eligibility and employability, the worker must explain the general assistance program policy regarding employment, the penalties for non-compliance, and the joint responsibilities of the consumer and the worker.
2. If the consumer agrees to participate, the ISP will be filled out to reflect the short and long term goals and activities as how to carry out the tasks. The format of the ISP includes.
 - i. Identification of employment goal: Consumer must actively seek employment, including use of all available employment services.
 - ii. Short and Long term goals to achieve employment Accept local and seasonal employment when it is available.
 - iii. Short and Long term goals may include the attendance of GED classes, training, community services, which may lead to future employment If head of household does not comply, the individual will not be eligible for at least sixty (60)days, but not more than ninety (90) days. This will be documented in the file.
 - v. The plan may also include residential rehabilitative treatment and counseling for Substance abuse if it is considered to be a barrier to employment
 - vi. Tasks or course of actions shall be identified and agreed upon between the consumer and the worker.

IMPLEMENTATION

The Assigned worker will be knowledgeable of internal and external resources. Outpatient services are priority method of intervention before inpatient services based on the least intrusive method of intervention. The assigned worker will screen and refer consumers for specialty services:

To ensure case plan implementation, the assigned worker shall:

1. Collaborate and coordinate with the consumer and his/her legal guardian as appropriate in the development of goals, objectives and the assessment of progress.
2. Have a minimum of one contact per quarter with the consumer affected by the case plan and service providers to assess progress, identify barriers, noncompliance issues and identify alternative methods of intervention as needed.
3. Contact consumers to observe any adjustments, improvements, provide family conferencing, basic counseling, support services and assess need for additional services annually.

TRACKING/MONITORING

Assigned worker is responsible for monitoring and documenting the effectiveness of services according to the consumer's case plan. The assigned worker is to maintain communication with resources and the consumer to support the consumer; and an agency linkage advocates on behalf of the consumer for services and is a broker to resources. The assigned worker shall assess consumer progress to ensure effective intervention to achieve desired outcome,

- a. Assigned worker monitors to reduce fragmentation and duplication of services to the consumer
- b. Assigned worker supports the consumer in maintaining focus on the progress goals and objectives
- c. Assigned worker attends all case staffing to maximize resource utilization.
- d. Assigned worker and supervisor are to staff the case at a minimum on a six (6) month basis to assess progress or lack of progress.
 - a. Worker shall make home visits to the consumer's home and make face-to-face contact at minimum one time per year. More frequent contacts will be required

- as needed depending on the level of financial service and case plan (ISP) objectives
- b. Worker shall periodically review the goals identified in the ISP and evaluate the consumer's progress.
- c. Referral to other program services when appropriate.

PAYMENT

The Navajo Nation Financial assistance shall make general assistance payments in an amount not to exceed the Navajo Nation Program for Self-Reliance (TANF) standard of assistance minus all resources not otherwise disregarded.

1. The NNDSS eligibility Review form shall be used to prepare the financial budget.
 - a. Routine General Assistance payments shall be made on or about the fifteenth (15th) of each month, while the General Assistance initial grant payments can be made at anytime during the month depending upon when the consumer applied for assistance.
2. The date of application is considered as the effective date of eligibility for General Assistance payments.
3. Applicants determined eligible after the first (1st) month shall be approved for a partial payment equivalent to the remaining days in the month.
4. General Assistance checks may be made payable to third party if the consumer requests such or through legal determination a third party payment is necessary. Spouse of an applicant is not considered a third party payee.
5. General Assistance checks shall not be addressed in care of another person unless the consumer requests for such action in writing.
6. In common-law cases, or if marital problem exists, both parties can be made payee.
7. If there is more than one household in a dwelling, the worker needs to apply:
 - a. The homeowner of the household will be provided the "Homeowner Allowance" plus the "Utility Expense allowance."
 - b. The other household will only be eligible for "Basic Needs."
 - c. If the other household is required to pay their share of the shelter expenses, then the worker must prorate the actual shelter cost among the household receiving General Assistance, this amount cannot exceed the amount in the Navajo Nation Program for Self Reliance's (TANF) payment standards for individuals in similar circumstances.
8. The Navajo Nation Financial assistance will round the payment down to the next lower whole dollar.

OTHER GENERAL ASSISTANCE ACTIVITY

In addition to processing application and follow-up processes, the worker shall assist General Assistance consumers to improve management of their financial affairs, and promote self-sufficiency. The activities shall be recorded in the case records and will include but not be limited to the following:

1. Counseling which include assessment of employability, continuation of education and alcohol/substance abuse prevention.
2. Participation in the TWEP projects and to seek/retain employment
3. Budgeting practice including the management of General Assistance payments, consumer education and related activities leading to future financial independence.

Workers shall make home visits at a minimum every twelve (12) months.

DOCUMENTATION IN THE CASE:

The assigned worker shall use the NNDSS narrative form and follow the NAP format to document case activities. All progress notes will be recorded on the division Narrative Form. The format will be in the NAP X format.

N = Narrative

- a. A clear picture of the consumer's appearance and behaviors; direct quotes from the consumer whenever available and pertinent; and concise reference to any external conditions which appear to be affecting the client (things seen, heard, touched, smelled, and/or tasted. Include physical and laboratory findings).
- b. All planned treatment activities shall be written to address the case plan, goals, objectives and strategies.

A = Assessment

- c. The conclusions and formulations you make after considering the facts of the narrative section. What you observe. Assessments must only be made within the scope of your discipline, expertise, license, and clinical privileges. If the problem or condition is not clearly understood, an assessment statement to the effect should be made.

P = Plan

- d. Actions which you have or will take as a result of analyzing the narrative section and your assessment Plans should be a culmination (highest point) of logical thoughts about the narrative section, and assessment of the problem or condition

X entries

- e. Written in a paragraph form and used for routine notes, indicating client movement to and from placement referred to another department, or indicating that an assessment or examination has been completed; or documenting any other activity that is considered routine for an example: Scheduling of staffing, CPT, MDT, Family meetings.

- 1) Worker shall document any interaction with the consumer.
- 2) Document all correspondence regarding the consumer eligibility for service
- 3) ISP progress or lack of progress.
- 4) Support for eligibility or lack of eligibility.

The applicant will be given a "Letter of Notification" form and grievance notice (form A or B) whenever there is a change in their service.

- a. Receiving an application for assistance
- b. Decision on the application
- c. Change in financial assistance such as increase/decrease in grant
- d. Closure of the financial service
- e. Change in worker assignment
- f. Certification and recertification of financial service application.

DOCUMENTATION OF ETHICAL RESPONSIBILITY:

The following information must be in the case record to ensure consumer rights and grievance process has been provided to the consumer.

- a. Informed consent
- b. Mandatory reporting requirements
- c. Confidentiality: the assigned worker must provide information to the consumer on the regulations, standards, and requirements about confidentiality.
 1. Authorization for services
 2. Disclosure of information
 3. Release of documents
 - d. Consumer rights
 - e. Consumer grievance process

NOTIFICATION:

The consumer has the right to be informed of the financial assistance status on any referral to NNDSS.

1. The consumer must be informed of his/her right and responsibilities in receiving financial services.
2. The consumer must be informed of his/her right to grievance policy and procedures.

Each written notification of social service action is sent to the consumer and or legal guardian according to the timelines outlined as follows:

1. A letter of-notification will be sent to the reporting source and applicant within ten (10) days from receipt of referral indicating that the referral has been received and the type of action taken.
2. A decision on the financial assessment pertaining to the referral must be made within (30) thirty days from the date of the intake and written notification received by the consumer within forty-five (45) days,
3. The applicant must be notified in writing on any delays in services and the reason for the delay.
4. If the applicant is determined ineligible, the assigned worker may refer the applicant to other community resources using the NNDSS referral form.
5. The applicant must be informed of any changes in his/her financial assistance including discontinuation of services as outlined in the NNDSS grievance policy and procedures.

ELIGIBILITY RE-DETERMINATION:

1. Consumer eligibility shall be reviewed minimum every six (6) months to determine the need for continued services and basic eligibility. A full application is required annually as the applicant is to reapply for services.
2. A Social Service recertification form must be completed at the sixth (6th) month for eligibility re-determination.
 - a. A complete application (section A through E) is required when the consumers' residency, household, income and changes, etc.
3. The Revised Case Planning Form must be completed at minimum every six months.

TRANSFER OF CASE:

When an applicant provides information or is known to another NNDSS Region Office, the assigned worker will obtain pertinent information from the other Region office in determining eligibility or for continuing eligibility for service.

A Case is to be transferred when it is within the same services, such as from one worker to another within the same office, or to a different Region office based on the residence of the consumer.

1. Transfer within the same service but to a different worker within the same office.
 - a. Transfer summary
 - b. Entire file will transfer to the new worker via the supervisor assignment and case staffing.
2. Transfers Region to Region are to include the following documents:
 - a. The current NNDSS certified application
 - b. Copy of non-changing vital information i.e. CIB, SSC, etc.

- c. Current Case Plan (ISP)
- d. Transfer summary

CASE STAFFING:

The assigned worker is responsible for participating in any case staffing pertaining to the consumer. The assigned worker collaborates in the development of the case planning form, coordination of services and agreement to service plans.

The consumer, family members, assigned worker and other resources must participate in the case planning/staffing discussions.

SUPERVISORY REVIEW:

The Supervisor is responsible for reviewing and approving all case referrals, case plans, case transfers and closure of services.

Supervisor is responsible for all case assignments and weight factor determinations.

Supervisory case consultation and coordination is an ongoing process from Intake, Assessment, Case Planning, Monitoring and Closure of Services. The case consultation shall include:

1. Seek advice of colleagues and supervisors in the best interest of the consumer.
2. Consult and coordinate with supervisors for technical assistance on program policies and other pressing issues regarding services.
3. Arrange for a case staffing with supervisors and other service providers regarding service delivery.

The Supervisor Shall:

- 1) Provide leadership and support to staff.
- 2) Promote teamwork through use of peer and supervisory consultation and collaboration (Supervisory Consult form & Case staffing consultation form).
- 3) Exercise professional judgment and prudence in selecting and recommending services.
- 4) Make case assignments and provide supervisory consultation to subordinates.
- 5) Complete 100% reviews on all cases at a minimum one time every six (6) months, as certification is completed and according to the contract.
- 6) Review all new financial assistant applications and decisions made by the worker. Any discrepancies shall be corrected prior to certification.
- 7) Review all applications/decision made by workers to assure that eligibility conditions are met in accordance with the NNDSS contracted programs.
- 8) Provide technical assistance and guidance to workers and to other collateral agencies.
- 9) Monitor and assure that home visits and appointments are conducted by workers at least one time per year or when necessary to coordinate the delivery of services to consumers.
- 10) Supervisor will monitor to ensure follow-ups, compliance with the casework process.
 - a) Monitoring entails case reviews to ensure frequent follow-up is being made on referrals to other agencies and that case reviews are up to date, to review eligibility and to make sure that all applications are up to date.
 - b) Conduct informal Appeal hearings on all appeals requested by the consumer.
 - c) Supervisor shall be knowledgeable about the consumers¹ lifestyles, culture, customs, and traditions. The supervisor shall have the ability to proficiently speak and understand the language of the applicant.

CLOSURE/OUTREACH

A. CLOSURE OF CASE:

Case staffing with the assigned worker and supervisor will occur on all cases recommended for Case Closure to assist the worker in determining whether or not the case is ready to be closed or if a new case plan should be developed for additional services. If it is determined that ongoing services are needed, with concurrence of the supervisor, a new case plan will be developed within five (5) working days of the decision to extend services.

- a. The following shall be taken into consideration prior to closing a case:
 1. Evaluation of goals/objectives achieved.
 2. Assigned worker shall contact the-consumer for an evaluation on the progress and effectiveness of the services provided and determines appropriateness for closure.
 3. The assigned worker will let the consumer know their case will, be closed prior to their last home visit, or office visit for services.
 4. The assigned worker will review the case file to ensure that all relevant documents and information are filed in the case file.
 5. Notify consumer/family of case closure within twenty (20) days in accordance with the appeals procedures.
 6. Complete closure summary.
- b. With the concurrence of and review by the supervisor, cases can be closed under the following circumstances:
 1. The consumer declines voluntary services.
 2. The consumer has moved out of the service area.
 3. Lost contact with consumer after all efforts has been made to contact him/her.
 4. The consumer has met all case plan objectives and has reached their goal.
 5. Lack of cooperation (non-compliance with ISP, case plan etc).
 6. The consumer has deceased.
- c. Documentation for closure shall include:
 1. Closure summary
 2. Decision notice
 3. Grievance policy

B. COMMUNITY COLLABORATION/OUTREACH

The Division will collaborate and communicate with the community in cases of disaster and or emergencies through the Region and Programs as follows:

1. Ensure ongoing services for community members who are in need of financial services
2. Remain in communication with community resources.
3. Preserve essential program records.
4. Provide community education regarding the services provided by the Division and coordinate with other resources within the communities.

The Division is responsible in providing outreach services to the community. Outreach can be accomplished through any of the following but not limited to the list:

1. Public education
 - a. Visibility in community activities
 - b. Public hearing
2. Build a resource network
 - a. Establish professional relationships with resources
 - b. Understand the resource eligibility in order to link consumer to a service.

3. Participate in Resource Team Meetings
 - a. Adult Protection
 - b. Multi-Disciplinary

BURIAL, EMERGENCY, DISASTER ASSISTANCE:

1. Financial assistance under this category includes
 - a. Burial Assistance
 - b. Emergency Assistance
 - c. Disaster Assistance
2. The indigent burial package is not used for the purpose-of paying off the higher cost of funeral including payment of outstanding balances. (Where "non indigent" burial packages are used)
3. The burial package must be initiated and approved prior to the family's agreement with the mortuary on the burial of the decedent.
4. These types of assistance are of an emergent nature, thus the following procedures may allow for expediency in the issuance of checks.

BURIAL ASSISTANCE:

Indigent Burial Assistance to eligible Indians at a cost not to exceed:

- Two thousand five hundred dollars (\$2,500.00) for the adult standard burial package
- One thousand five hundred dollars (\$1,500.00) for a child's standard burial package
- One thousand dollars (\$1,000.00) for Native Traditional burial, (without casket)
- One thousand dollars (\$1,000.00) for Cremation.

These rates are consistent with the Indigent Burial Reimbursement Agreements between the Navajo Nation Division of Financial assistance and Mortuaries.

1. Transportation costs are a part of the burial package of \$2,500.00/\$1,500.00 in cases where the decedent was transported from a funeral home to the interment/burial site.
2. Any available resources, including insurance benefits shall be applied to reduce the total burial assistance.
 - a. The Federal VA and SSB payable to the next of kin shall be excluded because it is not immediately available.
 - b. NN Veteran's assistance is available as a resource to offset the cost of the funeral.
 - c. The NNDSS recognize the expense, traditional and cultural practices associated with deaths and burials in Navajo society.
 - d. In cases where donations are made to the family of the decedent, that is intended to assist and provide support as a common practice in the Navajo society, families must utilize the donations and show proof of purchases for:
 - i. Clothes
 - ii. Blankets
 - iii. Other traditionally relevant items
 - iv. Wake, etc.
 - v. Plots and grave digging fees.
 - d. If some of the donations are still available, it must be applied to offset the total burial cost.
3. Burial services will be provided and reimbursed in accordance with the Reimbursement Agreement between mortuaries and the Navajo Nation as follows:
 - a. The first step in the Navajo Indigent Burial application process is for the applicant to contact the NNDSS regional office in the geographical area they reside.

- i. For instance; a resident of Sanders, Arizona will go to Ft Defiance Regional office, or a resident of Tohatchi, New Mexico will go to Crownpoint Regional office and so forth.
- b. After Intake, the NNDSS Regional Office staff must explain the parameters and scope of the Navajo Indigent burial Program in terms of professional services, casket and maximum/standard costs. The worker will also explain who the Mortuary providers are under the Burial Reimbursement Agreement
 - i. If the family decides to go with the Indigent burial package on behalf of the deceased, the respective NNDSS Regional Office staff must then go through its regular case management process for eligibility determination, etc.
- c. At this point, a determination must be- made whether the applicant on behalf of the deceased is determined eligible for the Navajo Indigent Burial Program. NNDSS must take an application on information of the deceased.
- d. The NNDSS worker will assess the circumstances of each case and in consultation with the Mortuary the family chose, the worker must determine the amount NNDSS will pay under the Indigent Burial Program.
- e. The NNDSS worker will notify the applicant and Mortuary whether the application was approved or denied.
- f. If approved, the NNDSS worker will submit a written referral/memo to the Mortuary provider, indicating the amount approved for burial assistance. This document will be given to the applicant to take to the Mortuary.
- g. The Mortuary will then proceed with the burial arrangements according to the amount approved by NNDSS.
- h. The Mortuary will fill out a statement of funeral Goods & Services Selected and send the ORIGINAL to the respective NNDSS office for signatory review. Upon receipt of the Statement of Funeral Goods & Services Selected at the NNDSS Regional Office, the Regional Office must review the statements to assure that all the information is correct.
 - i. After the Statement of Funeral Goods & Services is signed by the worker and Supervisor, the statement must then be sent immediately to the NNDSS 638 Contract Administration Department for payment processing.
 - i. These documents will be reviewed for reconciliatory purpose.
- j. The mortuary must submit an original, typed invoice to the Navajo Nation on a bi-weekly basis to the following address:
638 Contract Administration
Division of Social Assistance
P.O. Box 4590 Window Rock, Arizona 86515
- k. Faxed copies of invoices will not be processed for payment.
- l. A decedents name may be deleted from the invoice if the statement of Funeral Goods & Services was not received in the 638 Contract Administration Office in time for invoice processing.
- m. A Mortuary may submit another INVOICE reclaiming the deleted amount on a separate invoice.

EMERGENCY ASSISTANCE

Emergency Assistance payments can be provided to individuals or families who suffer as a result of a burnout, flood, or other destruction of their home and loss or damage to personal possessions.

1. Financial assistance shall be provided based upon size of the affected family in accordance with the scale of assistance to replace essential need items as a result of an emergency. (Emergency Assistance Scale form).
2. Assistance shall be provided to replenish only basic and essential household need items.
3. The applicant must file an application within ten (10) days of an incident to be considered as an emergency.
4. In the event of a burnout of a residence, the applicant must submit a written verification within ten (10) days after the burnout for documentation in the case file.
5. The applicant must have lived in the home destroyed by a fire or other natural disasters at the time of the emergency. The home destroyed must be the applicant's primary residence.
 - a. A police report or police report number must be provided at the time of application.
 - b. Dated photographs are acceptable as means of verification
 - c. If no verification is provided at the time of intake, the worker must make a home visit.
6. Worker must collaborate with Navajo Nation Emergency Management, Red Cross or other collateral agencies.

NAVAJO NATION EMERGENCY ASSISTANCE SCHEDULE

Number of persons	1	2	3	4	5	6	7	8	9	10
Food	\$35	45	55	65	75	85	95	105	115	125
Clothing/adult	\$135	260	385	510	635	760	885	1010	1135	1260
Clothing/child (11 & under)	\$85	160	235	310	385	460	535	610	685	780
Shoes/Adult	\$35	65	95	125	155	185	215	245	275	305
Shoes (child 11 & under)	\$30	55	80	105	130	155	180	205	230	255
Personal Items	\$10	20	30	40	50	60	70	80	90	100
Towels	\$10	20	30	40	50	60	70	80	90	100
Wash Cloths	\$5	10	15	20	25	30	35	40	45	50
Cook Utensils	\$40	50	60	70	80	90	100	110	120	130
Eating Utensils	\$30	30	45	60	75	90	105	120	135	150
Bed Linen	\$15	30	45	60	75	90	105	120	135	150
Blankets	\$20	40	60	80	100	120	140	160	180	200

For household over ten (10) members add ten (\$10.000) dollars for each additional person for the following:

Food	Clothing/Adult	Cooking Utensils	Personal Items
Clothing/Child	Eating Utensils	Blankets	Bed Liners

For household over ten (10) members add five (\$5.00) dollars for each additional person for the following:

Shoes/Adult	Towels	Shoes/Child	Wash Cloths
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TRIBAL WORK EXPERIENCE PROGRAM (TWEP)

TWEP is a program that provides work experience and job skills to enhance potential job placement for the General Assistance consumer.

1. The purpose of the Navajo Tribal Work Experience Program is to provide meaningful work or employment experience for unemployed head of household and/or other family members who are categorized as "Employable" who are eligible for General Assistance welfare grant.
2. The objective for providing work experience is to motivate individuals to make constructive use of their time by helping themselves, their families and communities during the interim they are on. General Assistance. All projects for community improvement and or assistance, GED education and training must be developed for unemployed consumer at the local community levels.
3. The efficiency, effectiveness and ultimately the success or failure of the program is highly dependent upon the performance of the appropriate staff, the participants and the communities.

DEVELOPMENT OF MEANINGFUL WORK EXPERIENCE PROJECTS

1. The placement of TWEP workers on projects may not be used to displace employed person or fill vacancies in established positions or perform work for which persons are usually hired or used in commercial profit-making activities.
2. Navajo Nation Programs or private entities must provide adequate supervision and meaningful training to participants who may as part of their training do work for whom persons are usually hired.
3. A reasonable training period must be defined. There must be a description of duties with periodic reporting on work performance; every consideration is to be given to the TWEP trainee, in the event a vacancy occurs in the area of his/her training.
 - i. Work experience projects provide a tangible motivation tool to assist welfare recipients to make constructive and gainful use of their time by helping themselves, their families, and communities during the interim they are on General Assistance.
 - ii. The intent is that all projects, community improvement and or assistance, GED education and training be developed for the unemployed consumer to retain their work skills while unemployed.
 - iii. Funds appropriated for this program are welfare assistance money specifically to meet the needs; therefore participants' involvement in work experience projects cannot be considered as regular employment Basically, the individual is on General Assistance because of his/her inability to meet job requirements either due to lack of education, skills, training, family hardship, social problems and or unavailable of employment.
 - iv. The worker shall inform the consumer that in participating in the TWEP, it does not preclude them from seeking outside permanent employment The maximum amount of time for participation in TWEP is one year from the date of the agreement.
 - v. Planning of projects will be initiated, organized, approved and implemented at the local community level, using the following criteria to determine a project:
 - a. Availability of employable consumers and supervision
 - b. Availability of supplies, materials and equipment
 - c. Availability of transportation for consumers
 - d. Active interest and participation of individual/family/community being assisted by the TWEP manpower.

WORK COST PAYMENTS-BONUS

- i. Work bonus payments will be paid to General Assistance consumers in addition to their welfare grant, provided they participate in a project approved by NNDSS. The intent of the program is to assist participants to defray their work related expenses.
- ii. The participant must complete twenty (20) work days on a project to be eligible for the monthly (\$115.00) work cost payment.
 - a. A complete month is defined as all of the normal working days, excluding Saturday and Sunday, as specified under basic workweek.
 - b. The participant may be allowed the privilege of three (3) days excused absence only for justifiable reason, and still be eligible for the total amount of work cost payment for that month provided.
 - c. The amount of \$5.75 will be deducted for each unexcused absence.

TYPES OF PROJECTS

On the Job Training

1. If there is a need for TWEP man power within the structure of an organization located on or near the reservation, the responsible organization must adhere to the following procedures.
2. A written request must be delivered to the NNDSS Regional Office if approved, a work site agreement must be signed by the parties involved
3. A job description must be provided
4. Adequate supervision must be defined
5. In the event a job vacancy occurs within the training area, every consideration must be given to hire the trainee
6. A monthly evaluation report on the trainee must be submitted to the Regional Office to insure that proper training is being provided.

General Education Development Program

1. The worker will refer all interested individuals to a GED program/adult education.

Community Education

1. Community education is intended for the consumer to gain awareness on basic educational information on social issues such as child abuse/neglect, domestic violence, alcohol/substance abuse, fetal alcohol syndrome/effect, shaken baby syndrome, health education, diabetic infectious diseases, nutrition, budget and money management, teen pregnancy, appropriate discipline methods, Navajo cultural values, etc.
2. With this community education, participants could understand and identify different issues in their own home/communities and to intervene appropriately in addressing those issues.

PROCEDURES FOR PROJECT PROPOSALS

All project proposals must be initiated at the local level with coordination of a designated person. Procedural steps are as follows:

1. Request for project proposal
2. This form will begin the process to initiate a project at a local community level.
3. The request should contain the following information:
 - a. Date of request

- b. Name of person requesting help
- c. Type or- nature of project
- d. Location of the project

PROPOSAL FOR ON-THE-JOB TRAINING

1. All projects will require a project proposal/ training request form
2. The worker/Supervisor will consider the project based on the following criteria:
 - a. Benefits to be gained by the people, community, and participants
 - b. Availability of supplies, materials and equipment for the project
 - c. Availability of employable consumers in the area
 - d. Availability of adequate supervision for participant
 - e. Availability of meaningful training and technical support.
3. After the worker reviews the project proposal request, he/she will recommend to the Supervisor for a final decision.

SUPERVISION OF PROJECTS

The worker has the responsibility to appoint:

1. A Project Supervisor who will provide overall supervision of assigned TWEP participant on a project and to maintain close coordination with the General Assistance Office.
2. Maintain time and attendance records at the project site
3. Provide work supervision of TWEP participants.

PROCEDURES FOR TWEP PARTICIPANTS

TWEP participants on projects are expected to conduct themselves in a responsible and orderly manner while they are on the job. Efforts must be strongly encouraged to maintain satisfactory progress of participants on a project for the betterment of their well being, their families, and to provide improvement in their communities.

1. Basic workdays
 - a. The basic workdays shall consist of twenty (20) days within a month. Monday through Friday, excluding Saturday, Sunday and Holidays.
2. Basic work hours
 - a. The basic work hours shall begin at 8:00 a.m. to 12:00 noon and from 1:00 p.m. to 5:00 p.m.
3. Participants' special projects may deviate from the Monday through Friday workdays and hours to meet the requirements of the projects, upon appropriate planning and understanding.
4. Holidays:
 - a. All legal and tribal designated holidays shall be recognized as holidays for TWEP participants.
 - b. The following days shall be considered as holidays.
 - i. New Years
 - ii. Martin Luther King
 - iii. President's Day
 - iv. Navajo Nation Sovereignty Day
 - v. Memorial Day
 - vi. Navajo Nation Treaty Day
 - vii. Navajo Code Talker Day
 - viii. Independence Day
 - ix. Labor Day

- x. Veteran's Day
 - xii. Thanksgiving Day
 - xiii. Family Day
 - xiv. Christmas Day
5. Any other days designated as holiday by Federal statute or by Executive Order of the Navajo Nation.
 6. TWEP recognizes that its participants should be permitted time for rest, recreation, and personal. Therefore participants will be granted such time as they can conveniently be spared from their work, especially those projects of an emergency nature.
 7. How to Request for Leave of absence.
Request for leave of absence of any kind or duration must be initiated through completion of a leave slip to request for authorization of leave.

CONDUCT OF PARTICIPANTS

TWEP participants are expected to conduct themselves in a manner that will reflect positively on their families, communities and the organization with which they are involved. Perform all duties assigned in a manner that will

1. Show courtesy, cooperativeness and tact in dealing with fellow participants, Supervisors and Financial Assistance workers.
2. Practice safety habits.
3. The use of alcoholic beverages or any substance abuse on the job is strictly prohibited.

DISCIPLINARY PROCEDURES

For the protection of participants and to resolve any complaints made against a participant, the following procedure will apply:

1. A complaint with reasonable proof will be presented to the Project Supervisor.
2. The Project Supervisor will make every effort to resolve the complaint or problem in a manner satisfactory to both parties
3. Any unresolved cases will be referred to the attention of the Financial Assistance worker.
4. Use of Alcoholic beverages or any other substance abuse will require immediate dismissal.

PROCEDURES FOR REPORTING ACCIDENTS OR INJURIES SUSTAINED ON THE JOB

1. The "injury report" from the Navajo Nation Risk Management Office must be completed by the participant and project Supervisor for an injury sustained on the job.
2. The form will accompany injured individual to the hospital if necessary so that the attending physician can complete his/her report on the same form.
3. After step 1 and 2, the report will be given to the Financial Assistance worker.
4. The Regional office will then refer the Injury Report to Central Office for necessary action.

COMMUNITY SERVICES BLOCK GRANT

The Community Services Block Grant Program (CSBG) assists in stabilizing families and preventing their breakup by providing services to alleviate economic and emotional upheavals due to the high unemployment rate on the Navajo Nation.

The consumers must seek viable self-improvement alternatives, e.g. job training, participation in local projects, which promote self-sufficiency and culturally relevant programs.

The CSBG grants provide limited financial assistance to individuals and families whose income is at or below the national poverty level under the five categories corresponding to CSBG program objectives:

1. Training and Education
2. Health Care
3. Employment Related
4. Housing Related
5. Basic Needs

Target Population:

The NNDSS shall assist individuals and families whose income is at or below the national poverty level and meets the following criteria:

1. The unemployed and the employed with limited or no resources.
2. Consumer in need of child protection services, emergency services, or parenting skills to promote family harmony and unity.
3. Families experiencing financial and emotional stress as evident in increased incidences of alcohol abuse, marital dissolution, domestic violence, and/or child abuse and neglect
4. Reduced financial assistance or termination of financial assistance.

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

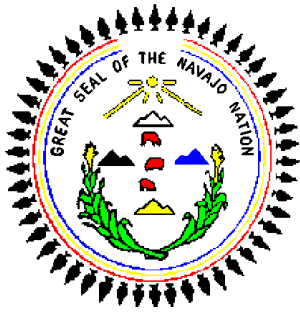
The Financial Services Program assists low-income (LIHEAP) homeowners, elderly and handicapped individuals who meet the high cost of energy during the winter months. The program provides financial assistance to eligible consumers and assists in purchasing heating fuel and authorizes utility payment for natural gas and electricity.

The funding statute authorizes payments for Home Heating, Home Cooling, Energy Crisis Intervention, and low cost Weatherization.

Target Population:

The program shall assist individuals/families (households) of the Navajo Nation with at least one member who also receives assistance under the following federal programs (Categorically Eligible). Program for Self Reliance (TANF), SSI, Food Stamps, and Veteran's and Survivors Pension; or households with no source of income; or household who have a gross income that does not exceed 110 % of the National Poverty Guideline.

All applicants are given equal consideration and an opportunity to apply for assistance.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

YOUTH HOME SERVICE GUIDE

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PLAN OF OPERATION

I. PURPOSE

The Navajo Division of Social Services Youth Homes provide a safe haven and shelter for adolescent youth who come from homes where there is suspicion and/or evidence of abuse and neglect.

Youth Home placements are for adolescents who need adult supervision, a safe environment and may be identified as child in need of supervision (CHINS) cases through the Navajo Nation Family Court. Many times, the adolescents coming into the Youth Homes have not been involved with law enforcement, do not have psychiatric or psychological evaluations therefore do not fit the criteria for detention centers or mental health facilities. Placement in a youth home is the last alternative and should be only when all outpatient treatment services have not succeeded. Since 638 Fund is the residual source for payments, documentation of denials from other resources are to be on file prior to authorization for 638 funds.

The youth homes' scope of work is to:

1. To place a child or adolescent on Navajo for treatment service prior to being sent to off reservation facilities;
2. To provide a safe habilitative setting for adolescents;
3. To assist adolescent in integrating back to their family and community as part of the "step down" service from a therapeutic service setting.

Youth Home residents are referred out from the youth home for therapeutic services for individual and group counseling sessions to address family issues, academic education, substance use and abuse choices. The Youth Home provides residential services and assists the consumer in identifying and setting life goals, beliefs and values. The Youth home assists the adolescent in time management, hygiene, and life skills to help them as they return to their families but primarily to assist them to gain self respect and self value. Family involvement is essential throughout the placement duration to ensure positive transition from the youth home to the community and the home of origin. The youth home uses the Navajo Treatment Center for Children and Their Families for mental health therapy for the residents. All services are coordinated with the therapist. Positive reinforcement is encouraged by the youth home staff who build on the strengths of the youth for overall positive outcomes.

II. GOALS & OBJECTIVES

Goal 1. Provide an effective program in a group home setting for adolescent youth:

1. To comply with the guidelines of the PL 93-638 Social Services Manual, 25 Code of Federal Regulations, the Navajo Nation's Children's Code (NNC Title 9) and other state, local and federal guidelines as necessary;
2. To assure that all laws regarding abuse and neglect are complied with i.e. Duty to Report;
3. To assist in skills development and to seek skills training for all Youth Home staff (Suicide Prevention, Crisis Intervention, Boundaries, CPR/First Aid, Food Handler's, PATH Training, Controlled Substances, Sexual Abuse, PTSD, etc);
4. To collaborate with the case manager in referral for mental health treatment

- through Navajo Treatment Center for Children and their Families
5. To network with local, available resources on behalf of the residents (education & medical, etc.).

- Goal 2. Provide emergency shelter to children eight to seventeen (8 - 17) years of age for seventy-two (72) hours:
1. To provide basic need services to children in need of immediate placement to ensure safety;
 2. To provide supervision, guidance and residential care in a structured and safe environment;
 3. To provide a habilitative and supportive setting to address the emotional, mental health and educational needs.
- Goal 3. Provide short-term placement for adolescent youth in need of supervision, not to exceed 3 months:
1. To refer the youth for mental health assessment through NTTCF, Youth home staff reports observation of youth for behavior management needs, social development and educational needs to the therapist for therapeutic intervention;
 2. To observe and evaluate the need for placement in other facilities that provides a higher level of care.
- Goal 4. Provide long term placement for adolescent youth in need of supervision in excess of 6 months, and less than 15 months.
1. To provide a placement plan for habilitative services to address the needs of the resident;
 2. To provide an education plan to address any deficiencies in the resident's education level;
 3. To seek appropriate medical, dental and mental health care providers as necessary for adolescent youth;
 4. To administer medication as necessary to residents under medical physician direction.
- Goal 5. Provide family sessions with the resident and their families as they move toward reunification:
1. To provide family education counseling sessions depending on the recommendations of the therapist;
 2. Youth Home staff will provide transportation for the family to facilitate the family sessions with the child and the therapist;
 3. To provide an opportunity for child to visit with family either in the facility or with home visits according to the recommendations from the therapist, case manager visitation plan and progress at the youth home;
 4. Youth Home staff will model trust, respect, confidentiality and dignity to each other and the youth home residents as part of youth's self awareness and identify;
 5. To encourage healthy family relations and positive reunification.
- Goal 6. Assist adolescents to achieve independence and self-reliance:
1. To provide independent living skills in a structured home setting;

2. To assist youth with basic life skills such as cooking, cleaning, hygiene, financial management, career counseling, goal setting and other necessary skills toward independence.

Goal 7. Help adolescent youth gain respect for self and others:

1. To assist residents in identifying their beliefs and values and incorporate that in their lives;
2. To provide encouragement toward pride in self and self determination;
3. To make choices that are beneficial to self, family and others;
4. To promote respect for self and personal achievement plan through the provision of education and research of qualifications to become involved in education (teacher), law enforcement (police/probation officer, lawyer), medical (nurse, physician assistant, physician) and other professions that include human service or other profession.

ADMISSIONS CRITERIA

SCOPE OF SERVICES

The Navajo Nation Youth Homes are under the Specialty Services in the continuum of services care model within the Division of Social Services. The primary purpose of the Division of Social Services Youth Home is to keep adolescent youth in their own communities, to provide residential services in familiar settings and to focus on the adolescent in being a positive member of their community and family.

ELIGIBILITY

Residential services will be provided to adolescent that are identified as "dependent" and/or Child in Need of Supervision (CHINS) under the jurisdiction of the Navajo Nation Family Court according the Children's Code. Services will be provided in accordance with the 25 CFR 20.502.

Eligible Children:

1. Must be between the ages of eight (8) years and seventeen (17) years;
2. Must be an enrolled member of a federally recognized Indian Tribe residing on the Navajo Nation designated service area;
3. Must be certified as 638 eligible by a NNDSS Case Manager Supervisor;
4. Must be a child determined "dependent" and/or in "need of supervision" by a Navajo Nation Family Court;
5. Placement at the Youth Home must be appropriate for the adolescent (See Placement Options);
6. Other: Non-Navajo Tribal organization or groups who wish to utilize the Navajo Nation Youth Homes for their tribal members will be considered and accepted on a case-by-case basis and will be subject to the current reimbursement rate for the Youth Home.

SERVICES

Under the Navajo Nation Manual for '638 Contracted Social Service Programs, the Youth Homes are authorized to provide Shelter Care on an emergency, short and/or long term basis.

1. Emergency Shelter Placement is placement up to seventy-two (72) hours;
2. Short-Term Placement is placement greater than seventy-two (72) hours but less than ninety (90) days or three (3) months; and
3. Long-Term Placement is placement greater than ninety (90) days or three (3) months but less than fifteen (15) months.

PLACEMENT OPTIONS

PLACEMENT OPTIONS/PROCESS

1. Emergency Placement can be done by:
 - a. Law Enforcement personnel when the minor's safety cannot be ensured and may be in danger of harm from an adult caretaker if left in the home;
 - b. NNDSS Protective Service worker who determines that the minor is in danger of harm from an adult caretaker at time of intervention when completing the safety and risk assessment;
 - c. NNDSS assigned worker who determines that a minor is in need of supervision due to the behaviors or habits of an adult caretaker;
 - d. In consultation with the minor's therapist.
2. REGULAR PLACEMENT (to include both Short-Term and Long-Term Placement);
 - d. Within five (5) working days of regular placement, NNDSS case manager is to schedule case staffing to determine case objectives, permanency plans and proposed outcome of placement of minor in the YH facility.
 - e. CM to provide a copy of the following Legal Documents to submit during staffing:
 - i. Birth Certificate;
 - ii. Certificate of Indian Blood;
 - iii. Social Security Card;
 - iv. Immunization Records;
 - v. Medical Information as necessary (Psychological evaluations and/or assessments);
 - vi. Medical Card or Other Health Insurance Card (original);
 - vii. School Records from last school attended;
 - viii. Current Court Order stating minor is ward of the court and under protective supervision of NNDSS.
 - f. NNDSS CM to provide a copy of the following documents during staffing:
 - i. CWA Placement Form;
 - ii. Current NNDSS application/certification for services signed by the parent;
 - iii. Social Summary to support reason for placement;
 - iv. Case plan documenting goals and objectives for Youth Home participation
 - v. Visitation Plan with the parent
 - vi. Notice of next court hearing.
3. Steps to Placement:
 - g. Contact Youth Home Supervisor for placement during regular work hours for availability and appropriateness of placement;
 - h. If After-Hours Placement is made, the case manager is to contact the respective Youth Home for availability of opening for placement The case manager is to contact Youth Home Supervisor on first business day after placement;

- i. Set up Staffing with YH Counselor, YH Supervisor, mental health provider, case manager, and supervisor within seventy-two (72) hours.

INAPPROPRIATE REFERRALS:

While the Youth Home will accept admission of most referrals, the Youth Home will not accept a youth who is:

1. Intoxicated or on mind altering drugs based on medical clearance prior to placement;
2. "Chronic Runners" or are a runaway risk;
3. Physical, Mental or Medical Health Issues that require medical or special care as determined by a mental health therapist;
4. Suicidal ideations as determined by mental health-therapist;
5. Homicidal ideations as determined by a mental health therapist;
6. Sexual Perpetrators (convicted) when release of information on juvenile record is received;
7. Family court Adjudicates the minor as delinquent offenders and beyond control;
8. Juvenile offenders who exhibit violent behaviors and/or assault or who have a history of violence and/or assault.

The Youth Home is not a Residential Treatment Program or a Detention Facility. Residents do interact and attend public activities in the community to include enrollment in the local public school.

Youth who need treatment options to address behavioral and emotional issues will be accepted considering they have been to treatment facilities and have successfully completed their treatment objectives (other than those listed specifically who are sexual predators and those who exhibit violent behaviors). Children who are physically or mentally challenged will be accepted on a case-by-case basis depending on degree of challenged state, facility and staff capabilities.

INTAKE PROCEDURES

The initial placement procedures conducted by the Youth Home Staff are as follow:

1. The Referring- person who is placing the child is to fill out the following forms:
 - ☐ Placement Form
 - ☐ Individual Resident Profile
 - ☐ Release of Information signed by the parent
 - ☐ Consent for Medical Services signed by the parent
2. Youth home staff will take inventory of the personal belongings of the child. All inappropriate items will be documented, bagged and labeled as soon as possible and stored in an appropriate storage area.
3. Questions for the case manager. All information is to be documented in daily log book.
 - ☐ Is the child allowed phone calls/ visitations? If so, to whom? CM is to fill out visitation form.
 - ☐ Are there any concerns regarding the child's behavior? Health?
 - ☐ Is child taking any medications? CM is to fill out medication form,
 - ☐ Obtain name of case manager for the child placed, agency and telephone number.
4. Youth home staff to provide and inform the assigned case manager of the following:
 - ☐ Youth home telephone number, office number, and name(s) of person(s) to contact

- After seventy-two (72) hours, a case staffing is to be conducted regarding placement. Determine short/long term placement with the following documents and proper release of information by the parent:
 - a) Court orders, Social Security Card, Birth certificate, CIB
 - b) Documents for school placement: Immunization Record for school enrollment, previous school withdrawal form, transcripts and Individual Education Plan, as necessary.
- 5. Youth home staff will escort the child to their assigned room, orientate him/her to their private living area and provide linen and a blanket Give child time to prepare their living area: fixing their bed, hanging and putting away their clothing.
- 6. Youth home staff to ensure the child is
 - introduced to all other residents within the home;
 - provided a brief tour around the home;
 - informed of daily routines and resident responsibilities; and
 - Read to the resident and explain the Posted information in the room and within the home in the language the child is most comfortable and understands.
- 7. Within the twenty-four (24) hours of placement, Youth Home staff read and explains to the resident and the resident understands the orientation folder that consists of:
 - a. Rules and Guidelines
 - b. Behavioral Log/Weekly Evaluations
 - c. Code of Conduct
 - d. YH vehicles
 - e. Resident Rights
 - f. Morning Responsibilities
 - g. Youth Home Level System
 - h. Journaling – required for all residents
 - i. "1, 2, 3 Method"
 - j. Rules for Group Session
- 8. Assigned-Youth Home behavior counselor, will:
 - Distribute the autobiography form for resident to fill out.
 - Follow up on the status of the resident and plan the Case Staffing.
 - Retrieve all needed documents and implement case management services.
 - Meet the needs of the resident, such as enrollment in school, referrals for mental health, medical services, counseling services, etc.
- 9. All Youth Home Staff will ensure the safety and welfare of each resident through monitoring, resident meetings, teaching and role daily living skills, fire safety, health safety, and communication skills.

CASE MANAGER RESPONSIBILITIES

Upon admission of a child, the assigned case manager is responsible to assure that all documents are complete

A packet for placement {see *Intake Procedures*) is available that has all the necessary forms for Youth Home to begin services with the minor. The documents are to be completed by the case manager and the parent/legal caretaker upon admitting minor at the Youth Home, except in crisis/emergency placements. The assigned worker is to include the parent/legal guardian in all aspects of decision making affecting the youth placed at the home as long as the permanency plan is for the child to return home.

A copy of the CWA Out of Home Placement Form must be provided to the Youth Home for emergency placements.

The assigned case manager must contact the Youth Home Supervisor if an emergency placement is to be longer than (72) seventy-two hours. An extension of up to two weeks will be granted with the- minimal requirements.

- The assigned worker must provide the request for dependency action document (Protective Service Investigative summary) if the placement exceeds seventy-two (72) hours.

Documents and authorizations required for placement exceeding seventy-two (72) hours.

The list below is for minors who are expected to stay for longer than two weeks. The information below is to allow YH workers to provide proper care for the children in their physical custody. This is to be completed by the assigned NNDSS case manager.

Copy of:

- Birth Certificate
- Certificate of Indian Blood
- Court Order
- Current family case plan (6 months or less)
- Current Social Summary (1 year or less)
- NNDSS eligibility/certification
- Immunization Record
- Medicaid or Insurance Information
- School Records
- Social Security Card

Other Documents shall be signed by the parent and witnessed by the case manager for the following:

- Client Rights
- Confidentiality Agreement
- Consent for cutting hair if child is less than twelve years of age.
- Consent for Spiritual Participation
- Placement form
- Release of Information for Medical/Dental/Mental Health Information signed by the parent
- Notice of Next Hearing Date
- Resident Code of Conduct
- Family case Plan and parent Visitation Plan to include authorized Visitors/Callers
- Grievance Policy

The assigned CM Worker must remain actively involved in assuring that the resident has proper follow up services with appropriate agencies to address any presenting problems. The case

manager shall make referrals and request that the assigned YH Counselor facilitate treatment for the minor with Navajo Treatment Center for Children & Their Families.

Assigned CM Worker is to monitor with both minor and counselors to assure that proper services are being rendered to the minor.

Assigned CM workers are to make, at minimum, two phone calls per month and one face-to-face visit per month, with the minor, and assist the Youth Home Supervisor to facilitate case staffing, provide transportation for visitation, and family involvement

The assigned CM worker is to include the- parent/legal guardian in all visits and telephone calls to the youth in placement based on the family case plan and visitation plan.

Assigned CM Worker is to inform the YH supervisor of changes per court orders, permanency plans that will affect the minor's residency while at the Youth Home. The family of the child is to be informed and involved in any case staffing unless there is documented permanency goal of adoption or if the parents /legal guardians are the abusers.

The assigned CM worker is to inform the youth home supervisor of all scheduled court hearing in a timely manner and coordinate activities to ensure that the supervisor and the youth are in attendance at the hearing. The CM worker will contact any resources, agencies etc. who have scheduled appointments with the child, if the child must be in court.

Assigned Worker is to collaborate with the youth, the parent/legal caretaker and the youth home staff in scheduling case staffing. The CM worker is to conduct a case staffing with Youth Home, family, mental health therapist, other resources involved in the child's family case plan and case manager Supervisor (if possible), staffing will be held:

- 1) at placement or within ten (10) working days of placement
- 2) Quarterly
- 3) Prior to a scheduled court hearing
- 4) Upon release from the youth home.

LEVEL SYSTEM





The Navajo Nation Youth Homes utilize a level system in which to work with adolescent youth. Regardless of the youth's family situation, they-are considered part of a family among staff and fellow residents. The Youth Home will provide a safe environment

Each resident has a different length of stay depending on their progress through the level system. During the youth's stay, they will participate in various educational group sessions provided by staff and mental health therapist. Some of the topics of the sessions involve Behavioral Management, Cultural, Substance Abuse, Self Esteem, Life Skills, etc. All youth who are determined to be "Short or Long Term" will be appointed a Counselor who will provide one-to-one education counseling and other services as needed. Youth participation in scheduled activities/groups, youth's behaviors while at the Youth Home and School (Including grades) and youth's interaction with staff/peers will primarily count in determining the youth's status on the Level System.

Youth on seventy-two (72) hour emergency placement will be oriented to the youth home daily routine but will not participate in the level system including the orientation phase.

If the child does not grow through the level system due to mental health, learning disability, the mental health therapist recommendation is primary in the child's growth and progress through

the level system. There is no negative consequence to the resident if the child is unable to fully comprehend due to mental health or learning disability.

<u>Orientation</u>	<u>Level I</u> →	<u>Level II</u> →	<u>Level III</u> →	<u>Level IV</u>
	Turtle	Rabbit	Buffalo	Eagle
				

The Level System is illustrated by different animals that reflect individual growth. Moving from one level to another is achieved by completing required tasks listed on the level. As youth move upward, they are given more privileges, which include an increase in allowance. Remember, this system is based on individual growth, which means a individual accomplishments, which means "it is up to the youth!"

This level system and the behavioral log work are a working therapeutic tool of measurement that will empower youth in becoming more productive, healthier and a happier Native American, in hopes of reunifying with their family. Each achievement of levels is an indication of becoming stronger, whether it would be physically, emotionally, socially or spiritually, to endure and conquer the challenges of life.

ORIENTATION

The Introductory stage of residing at the Navajo Nation Youth Homes is an orientation level which is a two (2) week period with limited privileges. During this time, youth will be interacting with counselors, house parents and peers. At the Orientation Level, youth are required to complete the following goals:

1. Read and understand the Rules/ Guidelines, the Code of Conduct and Client Rights.
2. Complete Eco Map.
3. Complete Autobiography.
4. Learn the names of the Youth Home Staff
5. Learn the daily responsibilities- chores, scheduling, journaling
6. Identify and understand the importance of respecting "Boundaries."
7. Learn the requirements of the Behavioral Log
8. Participate in weekly individual sessions
9. Participate in at least six group sessions
10. Prepare and present a summary of what they have learned.

LEVEL ONE-TURTLE



Once a youth has completed their two week introductory period, they are moved into Level One where privileges earned for this level are:

\$4 weekly allowance

Two (2) Five (5) minute phone calls (Incoming or Outgoing)

Youth Home Outings

Home Visitations (dependent upon family case plan)

Strengths of the Turtle:

The level system is geared toward helping youth find positive characteristics within themselves. Thus the strengths to acquire at the level of the Turtle are:

Patience (Developing patience to learn with an open mind)

Uniqueness (Knowing that there is only one "you" in this world)

Safety (Evaluating environment and making it safe for themselves)

Respect (Self evaluating to self-respect, respect for others, their culture and environment)

Motivation (Continue to keep going)

Determination (Determination and will to make it)

Self Acceptance (Getting to know themselves, their habits, strengths, etc.)

To move onto the next Level, youth are required to complete the following goals:

1. Enroll in School.
2. Complete Objective Plan with YH counselor.
3. Identify individual strengths and habits.
4. Identify bad habits and develop a plan on how to change them.
5. Learn and apply positive communication skills.
6. Identify a short term goal and develop a plan to reach the goal.
7. Prepare and present a summary of what they have learned while on Level One.

LEVEL TWO- RABBIT



Level One has been achieved, youth are ready to move onto Level Two, The privileges earned for this level are:

- \$6 weekly allowance
- Three (3) Five (5) minute phone calls (Incoming or Outgoing)
- Youth Home Outings
- Home Visitations (dependent upon family case plan)
- Approved Store Stops
- Requested privilege

Strengths of the Rabbit:

A rabbit has long ears, has quick movements and is observant, sensitive and alert to their surroundings. Being promoted into Level Two (2) status means that youth have learned positive habits, such as adapting to structure, developed communication skills and established a short-

term goal. Most importantly, they have taken responsibility for themselves. The strengths to acquire at the level of the Rabbit are:

1. Responsible (Taking charge of your life. Changing negative consequences to achievements). To move onto the next Level, youth are required to complete the following goals:
 1. School Grade Point Average is at least a "C" (2.0),
 2. Identify triggers of anger/depression and developed coping skills.
 3. Learn and apply Time Management skills.
 4. Learn and apply positive decision making skills.
 5. Learn what "Domestic Violence" is.
 6. Learn the effects and consequences of Drugs/Alcohol.
 7. Maintain at least a 1.50 on the behavioral log (two (2) weeks in a row)
 8. Participate in weekly individual sessions.
 9. Participate in at least six group sessions (within two (2) weeks).
 10. Prepare and present a summary of what they have learned while on Level Two (2).

LEVEL THREE- BUFFALO



When Orientation, Level One and Two have been achieved, youth are moved onto one of the higher levels where more privileges and more responsibility are given and expected. The privileges earned for this level are:

- \$8 Weekly allowance
- Four (4) five (5) minute phone calls (Incoming or Outgoing)
- Youth Home Outings
- Home Visitations, (dependent upon family case plan)
- CD players, iPod, MP3, electronic hand games (YH is not liable or responsible for lost or stolen items)
- Requested privilege

Strengths of the Buffalo:

The buffalo is a social animal that travels in herds and has a sense of family. It is resilient, fierce, and tolerant (not passive or aggressive, but assertive). Being promoted into Level Three means that youth have to become more aware of who they are. They have developed skills related to time management, positive decision-making, acceptable coping skills for identified needs and more aware of domestic violence, substance abuse and the negative effects that these have on family. The strengths to acquire at the level of the Buffalo are:

1. Strength: Becoming a stronger person mentally and emotionally through difficult situations.
2. Dependable: Using time wisely, recognizing what is high priority (Homework) vs. low priority (Video Games).
3. Courage: Stepping out of their comfort zone and taking more chances.
4. Assertiveness: Learning to communicate in a positive manner, developing communication skills.
5. Bold: Saying "No" to domestic violence, drugs, alcohol and negative peer pressure,
6. Migrates: Able to adapt to different environments, know when to walk away from

negative influences.

7. Persistence: Moving forward by thinking of the positive things rather than the negative.

To move onto the next Level, youth are required to complete the following goals:

1. School Grade Point Average is at least a "C+" (2.50).
2. Learn and apply the concept of teamwork (compromising).
3. Learn and apply "listening" skills.
4. Identify self and family values.
5. Set up a plan on how to renew body (physical) and heart (family).
6. Set up a plan on how to renew heart (feelings) and mind (self-esteem).
7. Maintain at least a 1.50 on the behavioral log (two (2) weeks in a row).
8. Participate in weekly individual sessions.
9. Participate in at least six group sessions (within two weeks).
10. Prepare and present a summary of what they have learned while on Level Three (3).



LEVEL FOUR-EAGLE

Promotion to Level Four is the highest level that any youth can reach.

At this level, youth have gained the respect of those around them and are considered role models for other youth.

The privileges earned for this level are:

- \$10 weekly allowance
- Five (5) five (5) minute phone calls (Incoming or Outgoing)
- Youth Home Outings
- Approved Store Stops
- Attend School Dances or Extracurricular activities (unsupervised with the approval of the case manager and according to the family case plan, YH supervisor and Therapist).
- Home Visitations, (dependent upon family case plan)
- CD players, iPod, MP3, electronic hand games (at your own risk)
- Requested privilege

Strengths of the Eagle:

An Eagle is graceful, insightful and intuitive. An eagle can see at a far distance and is able to evaluate goals and develop plans to achieve goals. Being promoted into Level Four status, means that the youth has gained Independence, trustworthiness and good habits. They have developed leadership skills; decision-making skills based on values and beliefs, have attained listening skills and learned to accept feedback; have become team players, have learned to take calculated risks and learned to fly through the skies of opportunities. Youth have learned that it is up to them to achieve goals they have set for their lives. The Eagle's strengths are:

1. Spirituality: Knowing how to renew body, mind and soul.
2. Independence: Can make positive decisions for self and is responsible for own actions.
3. Leadership Skills: Has become a positive role model by putting actions to all strengths listed.
4. Trustworthy: Learns to listen and understand other people's perspectives and is able to provide positive Feedback.
5. Soars: Identifies wingspan of self and family values and using them to achieve goals in life.
6. Humility: Having a "Teamwork" attitude, not a "Me, Myself and I," knowing when to apologize.

7. Dignity: Being Thankful and Respectful toward Self, Family, Culture, Environment and Life

Goals on a weekly basis to maintain Level Four status:

1. School Grade Point Average is at least a "C+" (2.50).
2. Attend weekly individual sessions.
3. Attended all group sessions.
4. Behavior Log averaging at least a 1.00.
5. No major incidents that could result in demotions.
6. Work on a collage based on "self."
7. Be focused on your short and long term goals.
8. Be a Role model among peers.

Be advised that the Navajo Nation Youth Homes are not treatment or residential programs but long term placement facilities and/or shelters that will assist youth in developing positive behaviors and attitudes.

Positive Rewards

The Level System is designed to work as a self development, self monitoring devise to assist youth in a learning environment As with all systems, there is a mechanism in which youth can cannot progress due to the refusal to maintain the necessary actions related with the level in which they are.

Positive Rewards occur as follows:

On a daily basis, youth are evaluated on their behavior and cooperativeness by Youth Home employees such as House Parents, Counselors, presenters, peers and others who have influence on points given. These points are then added and an average is taken on a weekly basis. Youth are expected to maintain a minimal point of 1.00 to maintain their current level. If the points fall below .99 due to behavior on the behavioral log, the demotion does become leverage in which to work with youth.

As youth are allowed to review their behavioral log each Sunday for the week before, they do provide a written self evaluation. This evaluation is then used by the Counselor to work with youth during their one-on-one educational counseling sessions. Group meetings are held three times a week in which all youth are expected to

RULES AND GUIDELINES

Youth Home facilities will provide a safe environment for all minors who enter into the program. During placement, youth will experience a combination of feelings: sadness, anger, confusion, fear, loneliness and others. These feelings are part of being a normal human being. The Youth Home Staff (YH Supervisor, Counselors and House Parents) are here to help youth through this time away from their family. Within a few days, youth residents will adjust to the new environment and people. Youth will learn the rules and guidelines, which are the do's and don'ts of the facility.

Keep in mind that youth residents are still under the primary supervision of an assigned NNDSS case manager The case manager, therapist and the Youth Home staff will be working together to help youth in areas of self-growth i.e. self-esteem, academic learning, behavioral modification, and awareness of independent and healthy life skills.

The Youth Home provides twenty-four (24) hour staff coverage, which means that youth residents will be monitored at all times. This is to ensure residents' safety and welfare. The Youth Home staff will take every precaution to protect youth belongings; however the Youth Home cannot be liable for unavoidable and/or accidental injury or loss of belongings. The staff advises all residents to leave valuable personal belongings such as jewelry, cash, TV, radios, players, computers, etc. at home. A bank account will be established for the resident receiving money from various sources such as Social Security survivor's benefits, employment, oil royalties, etc. while in the program. Three signatures are required to withdraw funds, the adolescent, the YH Supervisor and the NNDSS Accountant.

The Youth Home Rules & Guidelines are designed to monitor the Youth Home operation and the resident's behavior while at the Youth Home.

BASIC HOUSE RULES

1. Use courtesy and respect at all times towards self, peers, staff and the community,
2. Residents will follow daily schedules and participate in all group activities.
3. Residents and staff on duty share chores.
4. For resident safety, sharp objects are strictly prohibited.
5. Follow requests as outlined in the youth home rules and guidelines from all staff.
6. General Wake up and Bed time hours:

SCHOOL YEAR			
Monday- Friday	Wake up: 6:00am	Sunday-Thursday	Bed time : 9:30pm
Saturday/Sunday	Wake up: 8:00am	Friday- Saturday	Bed time : 11:00pm

SUMMERTIME		
Sunday- Saturday	Wake up : 8:00am	Bedtime: 10:30pm

7. Residents are not to go outside without staff permission and acknowledgement for resident safety and welfare. Staff do need to be aware of residents' whereabouts at all times,
8. Only staff on duty should answer the door.
9. Only staff on duty are allowed to answer telephone calls.
10. Youth's personal telephone calls are limited to 5 minutes. All calls will be monitored and if needed, can be disconnected by staff. Telephone calls are limited to only those approved by resident therapist and will be allowed as outlined in the youth home treatment plan.
11. Study Hour for residents Monday to Thursday is from 3:30 p.m. to 4:30 p.m. During this time, each resident will do homework, work with tutors, read and write in their journals or other educational activities. Study Time will be based on resident Grade Point Averages (GPA) earned from school. Beginning school year, all residents will start at until progress/grade reports are distributed.

Quiet Time/ Grade Point Averages			
3.50 to 4.00	Waived (No time)	2.50- 2.99	40 minutes
3.00 to 3.49	20 minutes	0.00-2.49	1 hour

12. Inspections: There will be pocket and book inspections as necessary by staff before and after school,
13. School Verification Forms are based on academic and behavior performance. Homework request forms are given to the residents to take to school to verify progress, performance, attendance and behavior.
14. Residents are to be ready for school daily by 7:15 a.m. Ironing and sewing clothes are to be completed the evening before and not in the morning. Showers are taken according to resident scheduled time and in the evening. Time frames in the bathroom are scheduled and assigned per resident dependent on the number of residents in each home.
15. Weekend activities must be listed on weekly activity schedules to include personal shopping. The activities depend on the residents' progress for the week. Progress measures are according to the Behavioral Log.
16. House parents will ensure nutritional meals are served according to the approved I.H.S. dietary menu. Residents will take turns in assisting the cook's in meal preparation. Resident and Houseparent will check food items to plan resident menu. Meat to be prepared is to be taken out for defrosting before residents leave for school. Also, if resident or staff on duty notices the food supply is running low, a grocery list is posted. Table Manners: All residents are encouraged to be courteous at the table. Residents are to ask to be excused from the table when they are through eating. During meals, radio and television will not be allowed to include those who have been excused from the table until all residents have completed eating.
17. Not to waste food. The residents are to serve themselves only the amount she/he can consume from what is served. The resident is to inform the houseparent of documented food allergies. Food is to be eaten in the kitchen area only. Clean-Up Rules apply.
18. Snacking: Snack on milk, juices, fruits, and healthy snack foods - one serving size is recommended. If residents eat all scheduled meals, breakfast, lunch and dinner; snacks are according to the schedule: Snack times are: 10:00 a.m. (YH Snack), 3:00 p.m. (resident choice), and 8:00 p.m. (YH Snack).
19. Residents are to check personal and/or office items out from staff on duty. Any checked items out, residents are to check them back in. The Youth Home is not liable for lost items. For stolen items, an incident report is to be submitted in writing and noted in the daily youth home log.
21. Not to misuse or abuse Youth Home property. Youth Home property is here for resident use. Any property damage of Youth Home material will be considered the resident's responsibility. The resident will be responsible for replacing the damaged property of the Youth Home. Damaged property can be restored using personal allowance.
22. Radio, stereo, computer games and television can only be on one at a time. Radios and media players are not to be on in the bedrooms without staff permission. As a resident of the home, resident privilege of having either radio, player or television on will be assigned to residents on a rotating day-to-day basis.
23. Haircuts, tweezing of eyebrows, shaving face or legs will not be allowed by residents unless there is written permission from resident parent or guardian. Razors for facial hair removal will be checked out and checked in by the resident. A daily log is kept on this activity. Liquid hair removal lotions are recommended for removal of leg or

- underarm hair.
24. Each resident is assigned a chore weekly. The assigned chore must be completed before residents start getting ready for school. A check off list of the chores is posted for each youth to document completion of their assigned chore. Residents are supervised and the staff provides instruction on how to best complete the chores. The individual duties completed is noted in- the daily log.
 25. Wash Day: Residents are assigned a washday and time to wash their clothes. Last wash is at 7:30 p.m.
 26. Visitors: Authorized family members are encouraged to visit on Sunday afternoon from 1:00 p.m. to 5:00 p.m. Resident families may visit without an appointment as determined by resident family case and visitation plan. Visitation is in accordance to the resident's status on the Level system and the Visitation Plan. Traumatized children shall visit parent/legal guardian only under the recommendation of the therapist
 27. Bedroom doors are to remain open during waking hours. Residents are allowed to close their doors at night but may forfeit that privilege if the resident becomes disruptive at bedtime. Visitors are not allowed in the resident's bedrooms for any reason.
 28. Personal space and items are to be kept clean and organized. Residents are to assure that their bedroom is clean and their bed is made daily. Personal care items are to be placed and kept in the assigned personal hygiene box. Only resident is allowed to open assigned hygiene boxes. Staff may open the box with the resident present.
 29. Food, to include candy, snacks or sodas are not allowed in the bedrooms. Valuables and money kept in resident room is allowed according to the level the resident is on but at their own risk. The Youth Home is not liable for damage, lost or stolen items. An incident report is to be completed on any missing items.
 30. Peer and family visits are to be done in the living room or kitchen. Exceptions are if the resident is too ill to be in the living or kitchen area. The youth home is to be as close to family living as possible.
 31. Sharing and/or borrowing from other residents is strictly prohibited. The following items are on the no borrow/share list: clothes, shoes, money, personal care items, make-up and other personal use items.
 32. If for any reason, the Youth Home staff receive a call from the school about resident behavior, tardiness, absence, in school suspension, or other and requested to attend a meeting on resident behalf with resident schoolteacher or principal, resident in question is to complete an incident report to document his/her perception of the incident. The incident will be documented on the behavioral log, which does affect privileges. School verifications forms will then be activated. Counselors will inform the Therapist of the incident and provide support services according to the therapist recommendation.
 33. Resident is not allowed to bring items back from school that does not belong to them. Specifically headphone sets, media players (radios, CD players, video games, etc.), clothing, books, magazines or other personal items. These items will be confiscated.
 34. Searches: Room searches may be conducted if there is concern for safety and welfare of other residents with the resident present. Room searches are conducted randomly, especially if there is a suspicion of any activity that violates the Rules/Guideline and the Resident Code of Code.
 35. Clothing: Clothing that depicts gang affiliation (colors, certain styles, etc.); inappropriate messages whether in writing or in pictures will be confiscated. Clothing trends that are inappropriate for schools will be monitored and complied with. Bandanas are not allowed at any time. Caps or "beanies" will be allowed as necessary but are discouraged to wear as daily apparel. Short tops and revealing short pants to include cut off tops and bottoms are not allowed.
 36. Cellular telephones and/or two-way radios are not permitted. Any electronic devices must have written approval from resident assigned case manager.
 37. Music: Music with vulgar or foul language or music labeled with Parental Advisory labels is

- not allowed. All music brought to the Youth Home with any of these will be either returned to the assigned case manager or the parent.
38. Posters: Personal posters are not allowed in the Youth Home. There are posters that depict positive messages; those posters will be posted where all residents can view them.
 39. Language: Foul, profane or abusive language is not tolerated or allowed while in the youth home.
 40. Movies: Movies with an R or X-rating are not allowed. This includes going to movies away from the Youth Home.
 41. Alcohol and/or Drugs: Cigarettes and drug paraphernalia are not allowed in the Youth Home. Ceremonial smoking or tobacco use is at the discretion of the assigned parents/legal guardian and needs to remain at the site of the ceremony. While many Native Americans use Peyote as a sacrament, it is not to be used while youth is a resident in the Youth Home. Usage of Peyote is to remain at the site of the ceremony.
 42. Ceremonial use of corn pollen, white corn meal, cedar and/or sage is allowed with the consent of the parent or legal guardian.
 43. Dating and/or Sexual activity is not allowed while a resident of the Youth Home. This includes hickies.
 44. Violence and physical confrontations (fighting) or assaults, verbal assaults, having weapons, threatening staff or other residents or peers at school is not tolerated. Law enforcement will be notified and notification to the resident assigned mental health therapist and case manager will be made.
 45. SEAT BELT USE. The Youth Home does have vehicles in which to transport youth residents and others. Safety is a primary objective; therefore it is a strict policy that an individual who get into any vehicle assigned or driven by Youth Home employee is to be properly belted in before the vehicle moves out of the park position.
 46. Upon release from the Youth Home, all requests for youth home information regarding the resident's stay is forwarded to resident assigned case manager. Residents are discouraged to return to the Youth Home for any reason other than to visit with a counselor in a follow up visit.

These Rules and Guidelines helps in assuring a safe environment for all Youth Home residents and personnel. Signatures of residents, Case Manager, parent and Youth Home staff are obtained on Rules and Guideline Forms and kept in residents' case file. The resident will be provided a copy of the rules and guidelines for his/her reference.

BEHAVIORIAL LOG

The Youth Homes' Behavioral Log is a behavior modification tool by which to work with adolescent youth in a group home setting. The-behavior log does involve all parties: house parents, residents and counselors. When used correctly, the behavioral log does allow the following benefits for House Parents, Residents and Counselors.

Benefits to the Behavioral Log					
HOUSE PARENT		RESIDENTS		COUNSELOR	
1	Active input on residents' level status, allowances & privileges	6	Learn to communicate with staff in a positive manner	11	A tool by which to do weekly assessments of resident behavior management
2	More precise progress noting, which correlates with points given	7	Holds residents accountable for their behavior management	12	A educational counseling tool
3	Increased communication between residents and staff	8	A visual tool to see their progression or regression	13	Monitor resident progress
4	An opportunity to teach and counsel immediately	9	Earned incentives (level status, allowances & privileges)	14	Receive and compute an average score on behavior
5	A behavior management tool	10	Encourages resident to accept personal responsibility	15	Utilize as a visual tool when working with residents
				16	Provides an opportunity for open communication between resident, houseparent and counselor

The Behavioral Log takes into account the following in which to work with residents:

RULES AND GUIDELINES:

- Following the Rules and Guidelines
- Complying with the Code of Conduct
- School Compliance - Grades & Attendance
- Positive interactions with all residents and youth home staff
- Completing assigned chores and duties of daily living,

WEEKLY GOAL:

- • Setting personal measurable weekly goals
- Resident achieved weekly goal, if not measurable barriers to achieving goal.
- Significant behavioral changes due to the goal. Specific, tangible.

PEER INTERACTION:

- Respectful Interaction - Physical, Verbal
- Respectful of Boundaries - Physical, Verbal, Emotional, Property
- Use of words - Language, using "I" terminology, instead of "you"

STAFF INTERACTION:

- Rating of behavior - rating using measurable, specific, and tangible behaviors.

- Resident response to directions, prompts, request explanations for clear understanding of directions from staff.
- Overt display of respectful interaction - Physical and Verbal
- Overt display of respect of personal boundaries and space - Physical, Verbal and Property
- Display of appropriate Language void of abusive, vulgarity, or blaming words.

PUBLIC INTERACTION:

- Resident's overt behavior within the public and social setting.
- Resident's display of respectful Interaction - Physical and Verbal
- Resident's display of respect for personal boundaries - Physical, Verbal and Property
- Use of appropriate language in public according to the social setting.

GROUP SESSION:

- The resident participated actively in the session.
- The resident demonstrated interest through verbal participation.
- The resident was respectful through Interaction & Participation - Physical, Verbal and Behavioral
- Respectful of Boundaries - Physical, Verbal, Personal
- Use of appropriate language void of vulgarity, blaming. Resident language promotes accountability.

Behavioral Log - The Form

This is a staff form. Only staff is to complete this document.

The Behavioral Log states name of resident, their current Level, points for the previous week and the current week and the residents' weekly personal goal. There is a rating scale that consists of three ratings: (0) Non-compliant, (1) Good, and (2) Excellent. The Log is kept at the youth home and completed at the end of each waking shift. Resident behavior is recorded daily according to the tangible and measurable behaviors exhibited.

Please Note: If an action did not occur during that day and is listed, a zero (0) is not used; instead an (NA) for not applicable is used. The NA is not used to calculate the average for the week.

The week for the behavioral log begins on Monday morning and ends on Sunday evening. Total points are calculated at the end of the week. This is then divided by the number of points given during the week providing an average score. This average score then determines the level the resident is, the allowance amount to be given, any corrective actions to be taken and the basis on which to develop a new weekly goal.

Behavioral Log - Resident Weekly Evaluation Form

This is a resident form. At the end of each week, residents are given the opportunity to self evaluate their behaviors for that week. While this form reflects the Behavioral Log, the self evaluation form adds: Family Relationships; Academic Education; Leisure Time, Attitude; any Disciplinary actions for the week and other comments.

This form allows residents to express their feelings, their points of view in regards to the activities during the week. The Counselor utilizes this form to work with residents on issues of behaviors, taking responsibility, goal setting, setting up counseling services as necessary, etc.

CODE OF CONDUCT

Below is the list of expected behavior or conduct that a Youth Home resident is expected to comply with while in placement.

1. To behave in a positive and productive manner.

As a resident of the Youth Home, the youth is expected to use proper manners while inside and outside of the home. Proper behavior and manners include demonstrating respect for self, and showing respect to others. This includes the personal space and property of other residents, staff and/or the program. Any damage to property of others, staff or the program will result in possible fines and law enforcement involvement.

Residents are not to use foul language, profanity or any other hurtful words, and/or comments. Residents are expected to fully participate in Youth Home activities and household chores. They are expected to obey all house rules.

2. To not engage or participate in any high-risk activities.

High-risk activities are actions that are unsafe for the resident and others. This includes sexual and physical acts that put resident and/or others at risk for injury, whether intentional or unintentional. This includes health concerns.

High-risk activities do include suicidal ideation and/or self harm. At all times, house parents and/or counselors are available should a resident feel they need to talk. Any suicidal attempts will initiate calls to law enforcement, emergency medical facilities and the assigned NTCCF therapist. An incident report will be sent to the primary case manager within twenty-four (24) hours.

Sexual acting out behaviors or sexual relations among residents is not permitted. Anyone discovered to be having sexual relations will be asked to leave and/or be removed from the facility immediately.

3. To not engage in any activities that include body piercing, tattoos, etc while in Youth Home custody.

Any present body piercing or tattoos must be reported to Youth Home Staff at time of admission. Further body piercing or tattoos while in Youth Home custody are strongly discouraged due to liability issues. During the Admission staffing, the Youth Home Supervisor will inform the parents/guardians of the minor that Youth Home residents are not to have body piercing or tattoos while on home visits.

4. To not use tobacco, alcohol or any illegal substances.

Tobacco use includes smoking and possessing cigarettes, cigars or chewing tobacco. Residents are not to have rolling papers, lighters, pipes, matches or other related paraphernalia. NOTE: Smokes such as "Mountain Smoke" for ceremonial purposes will be at the discretion of the parent or legal guardian and use must be limited to the ceremony site.

Alcohol consumption or other drug use is forbidden at all times. Use of alcohol or any illegal substances (to include medication that is not prescribed to the resident) will result

in immediate removal from the Youth Home. If youth already has a substance abuse dependence, the youth is to be referred for treatment on substance abuse during the stay at the youth home. Inpatient substance abuse treatment is the discretion of the therapist

5. To not promote violence or any inappropriate acts-

The Youth Home was established to provide a safe shelter and emergency housing for youth. Having or promoting violence in any form is unacceptable. The age range of the youth in this facility is 8 years to 17 years old. As this does create varying levels of physical and mental development stages, "bullying," "mad-dogging" and fighting may become a problem. "Bullying," "mad-dogging" and/or fighting will not be tolerated and will be referred to the law enforcement and the therapist.

This does include having material paraphernalia that promotes, encourages violence and/or inappropriate behaviors or actions. Inappropriate materials include: clothing, posters, drawings, music, videos, movies, DVDs that have R- or X- Ratings, Parental Advisory, pornographic and sexually explicit pictures or language,

6. To not participate in any form of gang activity.

Youth Home residents are not to participate or encourage the existence of gangs or gang activity such as rituals, hand symbols, "signs," words, hand/body gestures and actions. Residents are not to affiliate themselves with gangs or make reference to them, especially through clothing, bandanas, posters, books, music, magazines, pins, hats, jewelry and other.

7. To not break any Navajo Nation, County, State or Federal Laws,

There are Navajo Nation, county, state and federal civil and criminal laws that govern personal conduct and social behavior. Any violation of these laws shall be handled accordingly and proper authorities will be notified. This does include stealing, shoplifting, graffiti, tagging, drug dealing, burglarizing, and criminal damage while on Youth Home outings or during home visitations. Engaging or participating in any illegal or criminal activities will result in restriction, level demotion and/or immediate removal.

Laws do regulate status crimes as well. Status crimes include underage smoking, drinking, sexual activity, running away and others. These are crimes that are not considered criminal as an adult but due to age (under 18 years) are considered crimes.

8. To not leave the Youth Home without proper permission.

Leaving the Youth Home grounds without proper permission will be considered as "running away." Law enforcement and therapist will be notified. An incident report will be sent to the case manager within twenty-four (24) hours. The resident will be returned to the Youth Home, via a pick up order if the youth does not return voluntarily. The youth will complete a contract specifically regarding the incident, personal safety, accountability and the youth home will comply with the recommendations of the therapist

9. Youth Home Staff are Mandated Reporters.

Any physical or sexual abuse disclosure committed by others against resident or by resident against others will be reported to the proper authorities to include Social Services, Law Enforcement and the Social Worker.

10. Information about confidentiality.

Youth Home residents are provided information about confidentiality. Information pertaining to the resident's at the Youth Home cannot be disclosed to other organizations through this office. Any request from outside organizations must be requested through a signed release of information from the parent/ legal guardian to NNDSS.

This Code of Conduct is adhered to by Youth Home personnel. Signatures acknowledging the Code of Conduct was read, explained to the resident with the Youth Home staff as witness to the signature and kept in residents' case file.

RESIDENT ALLOWANCE

Youth Home residents earn weekly allowances once they have reached their third (3rd) week in placement at the Youth Home. The weekly allowance is an incentive for acceptable/good behavior for Youth Home residents. It is important to show respect for self and others.

1. Allowances amounts are as follows:

- a. Emergency Placement/Orientation \$ 0.00
- b. Level 1 \$ 4.00 per week
- c. Level 2 \$ 6.00 per week
- d. Level 3 \$ 8.00 per week
- e. Level 4 \$10.00 per week

Residents who are on Emergency Placement or who are in Orientation are not eligible for this allowance. Emergency placement is a placement whereby the resident is not in the home for more than seventy-two (72) hours. Orientation does include those residents who have been in placement for greater than three (3) weeks.

Allowances are given each Monday at 4:00 p.m. Counselors are responsible for giving residents their weekly allowance after reviewing the behavior log from the previous week. Behavior and incident reports will be reviewed with the residents prior to receiving their weekly allowance.

All residents are entitled to their weekly allowance unless one of the following occurs, at which time the resident will forfeit their allowance for the week:

- 1. Resident is ditching from class/school;
- 2. Resident is using alcohol, illegal drugs (to include medication that is not prescribed to the user) or smoking; and Resident exhibits violent behaviors (hitting, fighting, pinching, biting, etc.) toward other residents, Youth Home staff, educators, schoolmates or any other person.

These behaviors/incidents consequences are non-negotiable.

The following will apply to receive weekly allowances.

Ditching, Alcohol/Drug Use, Smoking	No Allowance
Fighting, Hitting, Physical Attacks or Altercations	No Allowance
No Incident Reports from School or Youth Home	Full Amount

One (1) Incident Report from School or Youth Home	Full Amount
1 Two (2) Incident Reports from School or Youth Home	Allowance minus \$1.00
Three (3) Incident Reports from School or Youth Home	Allowance minus \$2.00
Four (4) or More Incident Reports from School or Youth	No Allowance

Tardiness, In-School-Suspension and any School Disciplinary action will be counted as one incident unless it is a forfeitable act as stated above. Reported incidents can be disputed. It is up to the resident to work with Youth Home Counselor to discuss and resolve the incident or action. The penalty is dependent upon the resident and Counselors' assessment and outcome.

RESIDENT EMERGENT SITUATIONS

From time to time, Youth Home residents will experience situations that need to be addressed immediately. Below are some of the ways to handle resident or family emergencies. At all times, an incident report does need to be" completed immediately if not at the end of shift. The written incident report with the actions taken is to be forwarded to Youth Home Supervisor, Counselors, NTCCF therapist and residents' assigned case manager.

- I. Family Emergencies - Death in the family, accidents (vehicle or other).
Depending on type of information being presented, the assigned case manager should be the primary informant with the Therapist present, Allow resident to process information before proceeding to the necessary steps.
In cases involving a death of a family member, the therapist is to be contacted immediately, and information passed through the therapist.
- II. Medical Emergencies - Depending on type of emergency, the ER department at the local medical center is to be contacted with a request for ambulance service (if needed). If an ambulance is not needed, transport immediately to emergency, contact on-call counselor, supervisor and give description of injury and request assistance as necessary.

For the situations described below, the following procedure is to be adhered to:

- a. Account for all residents and keep everyone within the house. Inform all residents to stay clear of all the "resident in question's" personal area.
- b. Call local law enforcement and request for a police officer to come to the Youth Home.
- c. Notify the on-call Counselor immediately. On-call counselor will notify YH Supervisor and other personnel as necessary after assessing the situation.
- d. Upon the responding officer's arrival, get the officer's name and/or business card and Criminal Complaint number (CC#) for reporting purposes.
- e. House Parent on duty at time of incident will write report and actions taken and provide to the Counselor who is then responsible to submit the written report to YH Supervisor, resident's case manager and parent on the first business day after incident
- f. In the event that the resident is removed or dismissed immediately, all residents' belongings are to be immediately bagged and put in a secure place as to protect their possessions by the on-duty House Parent.

- g. The safety of the resident is paramount and shall be first priority for the youth home staff. In all incidents, the therapist is to be notified immediately, the parent and the case manager within twenty-four (24) hours,
- III. Self-Mutilation - includes cutting, puncturing, burns, etc. A written incident report should be completed immediately with verbal report made to the assigned or on-call Counselor. Resident is to be taken in for immediate medical attention. Resident who self-mutilate do need to be on twenty-four (24) hour watch after an incident. The resident is to be referred to NTCCF for therapy if the resident has not been referred already. If self-mutilation occurs after resident and therapist sessions begin, the youth home staff is to inform the therapist immediately. Above procedures are to be followed.
- IV. Suicidal Ideation - When a child is expressing a desire to die, the resident is to be taken in for immediate medical attention and contact the mental health therapist a written incident report should be completed immediately with verbal report made to the assigned or on-call Counselor Above procedures are to be followed.
- V. Homicidal Ideation - When a child is expressing a desire to harm or threatens to kill someone, the mental health therapist is to be notified immediately, a written report to all concerned specifically law enforcement is to be completed. Above procedures are to be followed.
- VI. Fighting - Physical, Verbal, Using the skills training provided for de-escalating the situation, begin de-escalating the situation immediately. Always separate combatants if two or more; send other residents a safe distance from the combatant's; remain calm attempting to de-escalate situation. Above procedures are to be followed.
- VII. Running Away - On occasion residents will run away from the youth home with or without staff's knowledge. The youth home staff shall notify the local law enforcement of the runaway, contact the case manager and the parent about the incident immediately upon discovery. A written incident report is to be forwarded to the case manger within twenty-four (24) hours of the incident Provide information and ensure that an "attempt to locate" form is filled out by responding officer. Above procedures are to be followed.
- VIII. Inappropriate Sexual Behavior - All behaviors that have inappropriate sexual overtures are to be reported immediately. It is the responsibility of all Navajo Nation employees to report any suspicious inappropriate behaviors of residents or co-worker for the protection of all concerned, both residents and staff.
1. Resident to resident - Law enforcement is to be notified for a CC number, residents are to be separated, medical attention is to be sought immediately for residents involved, written report is to be made immediately and verbal notification is to be made to on-call Counselor, a written incident report is to be sent to the case manager within twenty-four (24) hours of the incident.
 2. Resident to Staff - is to immediately take precautionary measures by notifying on-call Counselor and make written report. Staff is to let resident know the exhibited behavior is inappropriate, unacceptable and that a written report will have to be made to all concerned.

3. Staff to Resident - Individual making discovery is to contact on-call counselor immediately, law enforcement is necessary, medical attention is to be sought immediately for residents involved, and written report is to be made. NN Staff is subject to Department Personnel Policies and Procedures.
- IX. Other Emergent Situations - Other situations may include but not limited to "choking games" property damage, out of control behavior, drugs/alcohol use or under the influence of residents and/or visitors.
- X. Residents at the youth home may display inappropriate behaviors due to history of abuse/neglect or other types of trauma. The intent of the Youth Home is to provide the ongoing positive reinforcement and not dismiss the youth from the home due to their acting out behaviors. The youth home staff are to make appropriate reports to the therapist to ensure that resident receive the mental health therapy the youth requires. Each situation that arise with the resident of the Youth Home is to be handled in a professional and dignified manner.

RESIDENT RIGHTS

The Youth Homes play a major role in assuring a safe environment is provided by Youth Home staff. Part of providing a safe environment-is to adhere and assure that the Resident Code of Conduct is enforced and encouraged. With this, the rights of residents are acknowledged by staff at all times. Rights of Youth Home residents are:

1. The right to be provided a safe environment and to be treated with respect. (To be free from any verbal, emotional, physical, sexual or spiritual abuse).
2. The right to communicate with assigned NNDSS Case Manager (CMS), therapist and other providers within reasonable times without disruption of daily scheduled activities.
3. The right to be part of goal setting and objective planning as a Youth Home resident
4. The right to be informed of and have explained all documents that require resident signature and in the language the resident is most familiar and understands.
5. The right to receive emergency and non-emergency medical treatment.
6. The right to file grievance without retaliation, punishment, and acts of vengeance.
7. The right to have and refuse visitations. Visitation authorized individuals per family case plan, with adults the resident trusts, therapist and other resource.
8. The right to practice positive spiritual/religious beliefs without opposition to Youth Home rules, guidelines and procedures.
9. The right to refuse spiritual or religious practices.
10. The right to receive and send mail as approved by assigned CMS and parent or legal guardian.
11. The right to receive a well-balanced meal, as scheduled by the Youth Home, and the right to refuse meals, inform the staff when the resident may not want to eat, and children experiencing trauma may required "much" food, especially if the child has food addictions. Staff shall consult with the resident's therapist.
12. The right to receive academic education through enrollment within the local community.
13. The right to confidentiality in accordance to Youth home policy.

Parents of the child are to sign the consent for services as identified under the Specialty services portion of the case management standards policy forms.

These rights and responsibilities are provided to, read and explained so the resident understands the rights and responsibilities by Youth Home personnel. Signatures of residents, witnessed by

the case manager and Youth Home staff are obtained on Resident Right Forms and kept in residents' case file. The resident is provided a copy of the document for his/her reference.

GRIEVANCE PROCESS

Should a youth home resident feel that their rights have been violated, treated unfairly or abused by any youth-home staff. It is the resident's right to submit a grievance statement without retaliation; punishment, and acts of vengeance from youth home staff. Resident should, write a grievance statement to be submitted to the YH Supervisor, their case manager or other adult with whom she/he has a trusting relationship. The youth home adheres to the Navajo Nation Division of Social Services grievance policy, therefore the Executive Director and Quality Assurance Office shall be notified of the resident grievance,

Grievance Information to include:

1. Resident Name.
2. Reporting Date.
3. Date and Time of Incident
4. Location. Where did the incident happen?
5. Who was present during the incident? Witnesses.

Grievance statement should include:

1. What happened?
2. How did the resident feel they were treated unfairly,
3. Were rights violated or abused?
4. Who was involved?
5. How did the resident respond?
6. What role did the resident play in the incident that took place?
7. What resolution is being sought to the incident?

Once a grievance is filed the following actions should be taken:

1. Intervention begins immediately in attempts to resolve the incident with the staff identified and the YH counselor.
2. If the resident feels that the incident was not resolved, resolution efforts will be conducted with:
 - a. youth home supervisor and case manager
 - b. If the resident feels that the incident was still not resolved, the resident may request another meeting to include the Department of Social Services Executive Director.
3. The resident has a right to include any adult with whom she/he has a trusting relationship in the grievance hearing process.

The Navajo Nation Division of Social Services grievance process is provided to the resident in writing at entrance staffing.

The assigned case manager is to be informed of all incident reports in the month end reports and in the event a resident files a formal grievance notice, the notice is to be forwarded to the assigned case manager, Program Manager and Division Director within twenty-four (24) hours of the notice to the Youth Home.

YOUTH HOME REPORTS

The Navajo Nation Youth Homes work In conjunction with the Navajo Nation Division of Social Services in assuring Child Protective Services, In this relationship, it is primarily as caretakers for children taken into custody due to the behaviors of the adult caretakers whether it is parents,

foster parents, grandparents or other. The Youth Home does provide written reports to the assigned NNDSS case manager on minimum one time per month,

Monthly Reports are submitted to the assigned case manager. The reports are completed by the 5th of each month to assure that the assigned worker has a progress report on the child who is in Youth Home custody and care. The monthly reports correlate with the objectives in the Treatment Plan. The Objectives are developed by the Counselor and the resident, and other resources including the parent using the overall family case plan goal. The treatment plan is to be directed to specific areas that are measurable, action oriented, realistic and time limited. The plan should be completed within two weeks of the residents stay in the youth home. A case staffing shall be held to include the parent and or legal guardian, the case manager, the therapist, and the youth home personnel

The Objectives primarily address the following:

1. Level System
2. Rules & Guidelines
3. Behavioral Log
4. Code of Conduct
5. Medication Management
6. Education
7. Physical Health
8. Mental Health

Once a resident has been released from the youth home, a final report is submitted to the assigned worker providing a summary of resident's progress while placed in the home. The report will state date of admittance, identified objectives, progress per objective, recommendations and date of discharge.

The Specialty monthly progress report form is used to complete the monthly reports and the closure summary is used when the resident has been released from the youth home.

HOUSE PARENT GUIDELINES

In order for the Youth Home residents to abide and comply with the Rules and Regulations of the homes, it is imperative that House Parents, Counselors and other adult caretakers become uniform in what is acceptable and unacceptable behavior, paraphernalia and language. The Rules and Guidelines are posted at each home and are to be enforced at all times. Counselors do need to remind residents that these are rules and guidelines of the Youth Home and that there are conditions by which they are allowed to remain at the Youth Home. House Parents are strongly advised to follow through on their responsibilities and remember that their primary role in the lives of the residents is as a surrogate parent.

The responsibilities of a House Parent are the following:

1. Assist residents in planning menus, daily and weekly activities and schedules. Menus and activity schedules should be constructed with residents, house parents and counselors during regular house meetings. Ensure that the daily schedule is followed. Schedules should include chores, cleaning, laundry, cooking and other necessary living activities.
2. Assist in teaching and training residents in daily living skills i.e. cooking, housekeeping, personal hygiene, etc.

3. Encourage and reinforce the residents Code of Conduct.
 4. Attend meetings, trainings/conferences to upgrade skills in working with youth.
 5. Ensure a safe, healthy and sanitary living environment for residents.
 6. Ensure that all incidents have a completed incident report documented following the guidelines as outlined on the Incident Report form.
 7. Monitor medications taken by residents and the distribution is recorded in the medicine log.
 8. Reinforce the Rules and Guidelines of the youth home.
 9. Ensure that you are present for your scheduled shift or make appropriate arrangements for coverage when you cannot cover your shift. It is imperative that there is 24-hour, 7-day week coverage in the youth home.
 11. Ensure the safety and welfare of residents at all times. Provide proper supervision and guidance to residents.
 12. Maintain and document progress on Behavioral log of residents.
 13. Maintain daily and weekly inventory of all household supplies to include but not limited to groceries, cleaning supplies, laundry detergents etc.
 14. Promote responsibility and independence of residents according to the treatment plan and the level system.
 15. Supervise on a daily basis from waking residents' up in the morning to helping them prepare for bed at night. This includes assisting residents in their preparation for school the next morning.
 16. Supervise scheduled activities. It is important that House Parent actively supervise activities. In the event that a scheduled activity cannot be followed, the House Parent is to consider an alternate activity and document the change in schedule.
 17. Transport residents to and from school, medical, dental and mental health appointments, home visits, court hearings, case staffing, recreational activities as well as other necessary activities that require travel.
 18. Perform other duties assigned by YH Supervisor.
-

Do & Do Not for House Parents

1. Do follow Youth Home Rules & Guidelines! These include wake up and bed times, chores, schedules provided, etc. Guidelines are to be followed consistently and diligently.
2. Do report any behaviors that require immediate attention (suicide, fighting, bullying, self mutilation, etc.).
3. Do respect the privacy of residents, which is in itself a teaching tool. -Always inform residents if a search is necessary.

4. Do respect the boundaries of residents. There is to be no touching, sexual relations, invasion of space or inappropriate language used at anytime.
 5. Do actively role model appropriate behaviors including modeling through learning and teaching techniques such as cooking, cleaning, communicating, driving etc.
 6. Do review residents' level to assure that they are treated according to the level they are on.
 7. Do submit incident reports at end of shift when incident occurred.
 8. Do not discuss personal problems at work with either residents or staff.
 9. Do not get into verbal confrontations with the residents.
 10. Do remind residents of their responsibility at minimum three times before completing an incident report and document each incident
 11. Do not sleep during shift whether morning, evening or graveyard shift. Sleeping is Neglect of Duty.
 12. Do not speak negatively about co-workers in front of residents.
 13. Do not get into verbal confrontations with co-workers while residents are present
 14. Do not speak negatively to residents i.e. "I was having a good day until I got here." The residents are still very young and may have been through traumatic situations and do not need to be subjected to abuse by Youth Home employees.
 15. Do provide a positive atmosphere for residents and co-workers.
 16. Do assure that all residents are treated equally without favoritism to one or the other. Consistent modeling is vital to assure that residents are compliant
 17. Do not provide therapy to residents.
 18. Do not engage in idle chit-chat with co-workers which may be interpreted as gossip by others.
-

EXCHANGE OF INFORMATION

The exchange of Information and documentation is crucial to Youth Home activities. The information received and given is not only confidential-but is very important in how it is exchanged. Proper documentation is important for all concerned.

1. Exchange of information does need to be completed at each shift change.
2. The individual leaving for the day needs to give a thorough exchange regarding each resident Give name of resident, report of the status during your shift such as any incoming or outgoing calls, who the calls were to or from, how long, behaviors, any unusual changes or information to assist the House Parent coming on shift. Information to be exchanged: resident concerns, resident behavior, pertinent information pertaining to residents, facility situations and/or conditions that may affect residents,

- any information that pertains to residents and/or the homes.
3. Information from one individual to another must be accurate and current
4. The Information exchange should be documented by the individual providing the information and not the staff receiving the information. Documentation must be without personal opinions or assumptions. All information should be realistic, measurable, accurate and current.
5. Be alert with resident's activities during shift exchange. If there is only one staff on duty, exchange must be brief, so that proper supervision can continue.

BEDCHECKS

These are guidelines for employees in monitoring residents while they are in the physical custody of the Youth Home.

1. Bedtime is at 9:30 p.m. Sunday to Thursday, 11:00 p.m. Friday to Saturday. All residents must be sent to their bedrooms 30 minutes before lights are out. This is to allow residents to get ready for bed, write in their journals and complete other necessary bedtime activities. Residents may retire according to the age and degree of sleep needed to recuperate.
2. Windows should be closed and locked, screens in place, curtains and/or blinds should be closed before each bedtime.
3. Staff on duty must start making bed checks when residents first go to bed. Make sure that residents are in their nightclothes, shoes off, etc. and in their beds between the bed sheets. A blanket at the foot of the bed and the residents' shoes should be beside their beds for emergency readiness throughout the night.
4. Staff should be aware of any unusual or suspicious behaviors that residents may exhibit during bedtime or reports of resident(s) wanting to run at all times and take appropriate action.
 - a. If staff does suspect or hears reports of residents wanting to run, the staff on duty is to stay in view of resident in question;
 - b. The youth's bedroom door with door open.
 - c. Frequent bed checks are to be made, at approximately ten (10) minutes intervals until resident has fallen asleep, thereafter, at thirty (30) minute intervals.
5. Bed Checks are made every half (1/2) hour throughout the night. Each bed check is to assure that residents are physically in bed. Staff on duty must assure that residents are in bed and not assume they are. A flashlight or other lighting device is to be used without using lamps or overhead lighting.
6. An Emergency Placement of youth must be monitored carefully. Other duties that the House Parent is to be completing must not be interrupted while doing bed checks. House Parents are on-duty during the night shift and should not be sleeping during their shift.

COMBATIVE/VIOLENT BEHAVIORS

It is the youth home staff responsibility to ensure the safety and welfare of residents. At times, residents may become upset, feel threatened, put down or that their boundaries were violated, it is the YH staffs' responsibility to intervene immediately when residents' interactions become argumentative; when playing becomes physical such as horse playing, shadow boxing, joking around or other acts of violation of one's boundaries. Methods of alleviating the situation:

- Request resident to take time out in separate areas.
- Utilize the 1G, 2A, 3 method.
- Announce consequences of calling law enforcement depending on the severity of the interaction.

If residents do not respond, Youth Home staff is to adhere to the following outline specifically in the case of crossing physical boundaries.

1. Stay calm.
2. Instruct uninvolved residents away from the area and inform them not to get involved.
3. Call the law enforcement and request for police assistance.
4. Immediately notify the on-call YH Counselor.
5. The YH Counselor will inform the YH Supervisor while in route to the Youth Home or place of incident
6. Upon arrival of the police officer, YH staff are to provide information and ensure that a police report is completed.
7. The incident report should state the attending officer's name and a criminal complaint number (CC#), date and time of incident, residents involved and witnesses present.
8. The youth home counselor will assess, mediate and make a determination on the outcome of the incident
9. Depending on the severity of the incident, charges may be filed by the law enforcement
10. If there are any injuries, individual receiving the injury is to be taken for immediate medical attention.
11. An incident report is to be completed by the staff involved. Written statements from witnesses are to be requested and collected as necessary.

ARTS & CRAFTS ACTIVITIES

These are guidelines for employees in working with residents during Arts & Crafts activities.

1. Residents are to be provided with a structured schedule that includes hands-on Arts & Crafts activities.
2. Staff-on-duty or other community volunteers are to provide instruction and supervision the duration of the activities.
3. The resident can keep projects or crafts that they make.
4. Residents are responsible for replacement of any misuse and/or materials/tools lost during Arts & Crafts activities.
5. All Arts & Crafts materials are to be checked out and returned to the proper storage area.
6. Each project is to be completed prior to the start of a new project.
7. All materials are to be shared as needed.
8. Residents are to report to staff any items needed or those items that need to be replenished.

FOOD PURCHASES

These are guidelines for employees in purchasing food items for residents' use and consumption.

1. Major food items will consist of non-perishable food items that can be stored for long periods of time. Non-perishable Items are boxed, canned and/or food items that can be frozen for storage. Perishable food items consist of fresh vegetables, fruits, milk, eggs, etc.
2. Food purchases of non-perishable items are to be done on a bi-monthly basis, while perishable food purchases should be done weekly.

3. Food purchases should be planned wisely, per menus developed during house meetings. Food menus should be planned using the basic food groups for a healthy and nutritious meal.
4. Menus developed should include resident birthdays, picnics, cookouts and other special occasions. Thanksgiving and Christmas meals should also be included in the major shopping expeditions.
5. Food inventory and food shopping lists are to be forwarded to Youth Home Supervisor as necessary for approval prior to food purchases.
6. Only allowable food items are to be purchased.
7. Receipts are to be forwarded to accountant for accountability purposes. Copies of receipts are to be kept on file at the Youth Home. The accountant or other assigned clerk is to keep a running balance of the purchases made.
8. Purchased food items are to be labeled, dated and rotated at each shopping interval to assure freshness.
9. Purchased foods are to be adequately stored and properly handled in compliance with Navajo Environmental Health Regulations.
10. House Parents are considered to be educators as well as caretakers therefore the responsibility to teach residents proper food preparation and storage procedures is imperative for all House Parents.
11. The food is to be prepared according to number of residents who will be eating. Excess food is to be properly labeled and stored. Leftover food is not to be kept for longer than forty-eight (48) hours.

CLEANING SUPPLY USAGE:

For the safety of both residents and employees, these guidelines are developed for opening and using cleaning agents. All cleaning supplies are to be stored in a locked, safe storage area.

1. Read entire label before using any cleaning product and follow the instructions.
2. Avoid contact with eyes and skin. Do not inhale or ingest any cleaning product. Be sure you know what to do in case of an accident.
3. Keep aerosol away from heat/fire. Temperatures of 120° or more may cause pressurized aerosol cans to explode. Do Not puncture or burn aerosol cans. Store in a cool place, away from radiators, boilers, pipes and stoves. Never spray near open flames or while smoking.
4. Do Not mix cleaning products. Mixing certain products may give off an unpleasant odor and produce potentially harmful gases. Use only one cleaning product at a time. Do not use a cleaner in the toilet bowl if there is a continuous cleaning product in the toilet tank.
5. Put away all food before cleaning in the kitchen. Do not use cleaners for washing dishes. Any surface that comes into contact with food should be rinsed with plain water after cleaning.
6. Avoid fumes by allowing plenty of fresh air while cleaning. Turn on ventilator fans and open doors and windows. Be especially careful when cleaning in enclosed areas such as: showers and closets.
7. Do not walk or step on wet floors, as they may be slippery.
8. Do not spray cleaning products around or into electrical outlets.
9. Keep all cleaning products out of reach of residents during use and storage. Empty cleaning bucket immediately after use.
10. Chemicals equal substance abuse.

COUNSELOR GUIDELINES

In order for the youth home residents to abide and comply with the Rules and Regulations of the homes, it is imperative that house parents, counselors and other adult caretakers become uniform in what is acceptable and unacceptable behavior, paraphernalia and language. The Rules and Guidelines are posted at each home and are to be enforced at all times. Counselors do need to remind residents that these are rules and guidelines of the youth home and that there are conditions by which they are allowed to remain at the youth home. House parents are strongly advised to follow through on their responsibilities and remember that their primary role in the lives of the residents is as a surrogate parent.

The responsibilities of a Youth Home Counselor are the following:

1. Assist House Parents and residents in planning menus, daily and weekly activities and schedules.
Menus and activity schedules should be constructed with residents, house parents and counselors during regular house meetings. Ensure that the daily schedule being developed is followed. Schedules should include chores, cleaning, laundry, cooking and other necessary living activities.
2. Assist in supervising scheduled daily & weekend activities as needed. It is important that house parents and/or counselors *actively* supervise and/or participate in these activities,
3. Assist in teaching and training residents in daily living skills i.e. cooking, housekeeping, personal hygiene, etc.
4. Attend meetings, trainings/conferences to upgrade skills in working with youth.
5. Attend residents' case staffing and appointments.
6. Develop treatment plans that include physical, emotional, mental and spiritual themes for all residents.
These plans must be developed with the help of the resident; the assigned case manager, parent/ legal caretaker, house parent, therapist Each Treatment plan should have the concurrence of the youth home supervisor. Plans are to be developed within the first three (3) weeks of admission unless the placement is an emergency placement
7. Ensure a safe, healthy and sanitary living environment for residents.
8. Ensure that all incidents have a completed Incident Reports following the guidelines as outlined on the Incident Report form.
9. Ensure that Rules and Guidelines of the youth home are being followed.
10. Ensure the safety and welfare of residents at all times. Provide proper supervision and guidance to residents.
11. Follow up on resident's progress in school.
12. Network with outside resources; presentations, referrals, etc.
13. Promote responsibility and independence of residents according to the youth home Treatment plan and the level system.
14. Provide accountability of resident allowance each week.
15. Provide monthly written reports to case manager discussing the residents' progress or lack of progress with recommendations, plans and/or changes.
16. Provide one-on-one individual educational counseling to each resident assigned to your case load based on the treatment plan.

17. Provide short group sessions thirty (30) to forty-five (45) minutes three (3) times a week on subjects/topics that encourage life skills, learning and/or cultural themes.
 18. Provide transport for residents to and from school, medical, dental and mental health appointments, home visits, court hearings, case staffing, recreational activities as well as other necessary activities that require travel.
 19. Work closely with assigned Case Managers and therapist of residents under the physical custody of the youth home.
 20. Perform, other duties assigned.
-

Do & Do Not for Counselors

1. Do assure that all residents are treated without favoritism to one or the other. Consistent modeling and positive reinforcement is vital to assure that residents become independent adults.
2. Do follow Youth Home Rules & Guidelines. Guidelines are to be followed consistently and diligently.
3. Do provide a positive atmosphere for residents.
4. Do respect the privacy of residents, which is in itself a teaching tool.
5. Do respect the boundaries of residents. There is to be no touching, sexual relations, invasion of space or inappropriate language used at any time.
6. Do review with the residents' the level they are on and recommend behaviors that will benefit them and their co-residents.
7. Do submit monthly resident reports in a timely manner at end of each month to the assigned case manager.
8. Do not discuss problems at work with either the residents or staff.
9. Do not get into verbal confrontations with the residents.
10. Do remind residents of their responsibility at minimum three times before completing an incident report and document each incident
11. Do not speak negatively about co-workers in front of residents.
12. Do not get into verbal confrontations with co-workers while residents are present.
13. Do not speak negatively to residents
14. Do not provide therapy to the residents and co-workers.
15. Do not engage in idle chit-chat with co-workers which may be interpreted as gossip by others.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: General

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Sign In/Out Sheet

Name (Print)	Date/Time Case Taken		Purpose	Signature	Date/Time Case Returned	

CONFIDENTIALITY STATEMENT:

Individuals having access to case file are responsible for maintaining the integrity of the records to ensure that the security and confidentiality of such case file is protected. It is also the individual's responsibility to protect against unlawful disclosure of information that may cause substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom information is maintained. Any individual who knowingly and willfully makes an unauthorized disclosure of case file is subject to disciplinary action up to and including termination of employment.

CASE # _____



THE NAVAJO NATION

Division of Social Services

GF-3; 3-18-08

AUTHORIZATION FOR USE OR DISCLOSURE OF SOCIAL SERVICES INFORMATION

COMPLETE ALL SECTIONS, DATE, AND SIGN

I, _____ hereby voluntarily authorize the disclosure of information from my record.

II. The information is to be disclosed by:

And is to be provided to:

NAME OF FACILITY

NAME OF PERSON/ORGANIZATION/FACILITY

ADDRESS

ADDRESS

CITY/STATE

CITY/STATE

III. The purpose or need for this disclosure is:

IV. The information to be disclosed from my social services record: (check appropriate boxes)

☐ Entire Record

☐ Only information related to (specify)

☐ Only the period of events from

To

☐ Other

☐ Therapy notes ONLY (by checking this box, I am waiving any therapist-patient privilege)

IF YOU LIKE ANY OF THE FOLLOWING SENSITIVE INFORMATION RELEASED, PLEASE NOTIFY

☐ Alcohol/Drug Abuse Treatment/Referral

☐ HIV/AIDS-related treatment

V. ☐ I understand that I may revoke this authorization in writing submitted at any time to the Division of Social Services Region Office, except to the extent that action has been taken in reliance on this authorization, this authorization was obtained as a condition of obtaining social services or treatment through social services. If this authorization has not been revoked, it will terminate one year from the date of my signature unless I have specified a different expiration date or expiration event. _____.

(enter if different from one year after date)

☐ I understand that NDSS will not condition eligibility or intervention for services on my providing this authorization

I understand that information disclosed by this authorization may be subject to disclosure by the recipient and may no longer be protected by the Navajo Nation Privacy Act 1996, (2 N.N.C. Subchapter 4, § 81-91) Health Insurance Portability and Accountability Act Privacy Rule (45 CFR 164), and the Privacy Act of 1974 (4 USC 562a);

SIGNATURE OF CLIENT/APPLICANT

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE (State relationship to applicant) or Witness (if signature is thumbprint or mark)

DATE

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of misdemeanor (5 USC 552a(l)(3)).

NAME (Last, First, MI)	DOB:	Social Security:	Census:	Gender:
ADDRESS	CITY/STATE			

NOTICE OF NAVAJO DIVISION OF SOCIAL SERVICES PRIVACY PRACTICES

I. UNDERSTANDING YOUR SOCIAL SERVICES RECORD/INFORMATION

NDSS keeps and compiles an individual record of your contacts with our office as well as any communication with outside resources pertaining to your intervention, treatment, progress or plans. Typically your case record contains information regarding your social, family history, dynamics, diagnosis, symptoms, recommendations, referrals, plans, court, health, and resource collaboration pertaining to your intervention progress.

- Case plan/treatment plan for intervention and treatment.
- Assessments to document levels of intervention
- Data for statistical accountability
- Data for reviews of case and progress
- Legal documents to document progress in intervention
- Communication between NDSS, you and/or community resources
- Quality assurance reviews and data for funding & accounting of services provided.
- Medical data for assessment in providing intervention and treatment
- Billing information for Medicaid, Medicare, AHCCCS, private insurance, I.H.S., 638, IV-E

Understanding what is in your social service records and how the information is used will help you to make an informed decision for authorization for release of information, understand why others have access to your record and ensure the record is accurate.

II. YOUR NDSS INFORMATION RIGHTS

- Inspect and receive a copy of your NDSS record
- Request for restriction on certain uses and disclosure of your record.
- Request a correction/amendment to your record if you believe that NDSS information on file is incorrect or incomplete; we may amend your record or include your statement of disagreement.
- Request confidential communication about your record.
- Receive a listing of certain disclosures
- Revoke your written authorization to use or disclose information from your file.
- Obtain a copy of the NDSS privacy notice

III. NDSS RESPONSIBILITIES

- Maintain the privacy of your social services record
- Inform you of our privacy practices regarding NDSS record
- Notify you if we are unable to agree to a requested restriction.
- Honor the terms of this notice or any subsequent revisions.
- NDSS reserves the right to change its privacy policy. If there are any significant changes, you will be notified 60 days before implementation of policy.

IV. HOW NDSS MAY USE AND DISCLOSE YOUR SOCIAL SERVICES INFORMATION ABOUT YOU.

- We will use and disclose your NDSS information to provide intervention and treatment.
- We will use and disclose your NDSS information for payment purposes.
- We will use and disclose your NDSS information for case planning options.
 - To the Law Enforcement for enforcement activities as authorized by law.
 - Medical/Public Health or government authorities that are authorized for conducting investigations, interventions, or to receive reports of domestic violence, abuse and or neglect or to prevent serious harm to you.
- We will use and disclose your NDSS information for statistical information.

By signing this form, I acknowledge that I read it, that it has been discussed with me, I have had the opportunity to ask any questions to clarify this DIVISION PRIVACY PRACTICES FORM, I understand it and I have been given a copy of this document.

Consumer Name/ Signature	Date
--------------------------	------

Consumer Name/Signature	Date
-------------------------	------

NAVAJO NATION
 DIVISION OF SOCIAL SERVICES
CLIENT RIGHTS AND RESPONSIBILITIES.

A. Each client has a right to the following:

1. Be treated with respect and dignity. Their privacy shall be recognized and respected. The right to privacy includes protection of any information that identifies a particular client and his/her family.
2. Not be discriminated against in the delivery of services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
3. Have services provided in a culturally competent manner with consideration for clients with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds as well as clients with visual or auditory limitations.
4. Have the opportunity to choose a primary case manager within the limits of the availability of services and/or choose other providers as needed from among those within the social service network system.
5. Be allowed to participate in decision-making regarding their services and/or have a representative to facilitate care or treatment decisions when the client is unable to do so.
6. Receive information (in language that the client understands) about client's rights and responsibilities, the amount, duration, and scope of all services and benefits, service providers and other available services.
7. Have access to after-hour and emergency services for Child Protective Services.
8. Provided information on available treatment and related service options (including no treatment or services, except where mandated by law) or alternative care services.
9. Informed of procedures for obtaining social and related services, including any special procedures for obtaining general assistance, services or referrals for specialty services provided by the division or provided by other entities.
10. Informed of procedures for obtaining services outside the geographic service area of the division.
11. Be provided with information regarding complaints or grievance procedures and how to obtain prompt resolution of issues on their concerns, including complaints or grievances and issues relating to authorization, financial assistance, coverage or payment of services.
12. Have access to his/her case file in accordance with applicable Federal and tribal laws.

13. Have the right to refuse services and/or treatment.

14. Exercise his/her rights as a citizen of the U.S. and Navajo Nation.

B. Each Client, client's guardian and/or authorized representative must be informed of his or her responsibility regarding services. These responsibilities include the following:

1. To the best of their knowledge, provide accurate and complete information about present conditions, complaints, previous services and/other information relating to his/her situation.
2. The responsibility to clarify a contemplated course of action and what is expected of them.
3. The responsibility for following the treatment or service plan recommended by the primary case manager or clinical specialist responsible for his or her care and for following the division's policies and procedures affecting client care and conduct.
4. The responsibility for their actions if treatment is refused or if the service or treatment plan is not followed.
5. The responsibility for being considerate of the rights of others, including his/her personal behavior.
6. The responsibility for being respectful of the property of other persons and of the division's property.
7. The responsibility of refraining from verbal and/or physical abusive conduct toward case manager, social worker, service provider or personnel.
8. The responsibility for notifying the case manager of any change in address, telephone number, demographic, and/or geographical information
9. Maintaining scheduled appointments, arriving on time, and/or contacting the case manager to reschedule appointments

Contact Information: If you have any questions about your case, or regarding this document, please call your case manager or the supervisor. Telephone numbers are listed below.

Case Manager		
Case Manager Supervisor		
Region or Program Director		
Executive Director		938-871-6556

By signing this form, I acknowledge that I read it, that it has been discussed with me, I have had the opportunity to ask any questions to clarify this CLIENT RIGHTS AND RESPONSIBILITY FORM, I understand it and I have been given a copy of this document.

Consumer's signature _____

DATE



THE NAVAJO NATION

Division of Social Services

REFERRAL

DATE:

Individual Name	DOB	Gender	SS #:	Census #	Grade:
					School:

Parent/Guardian:

Mailing address:

Directions to home:

Emergency Contact and their telephone number:

Other Household Members	DOB	Gender	SS#	Grade	School

Reason for referral:

Referred Person's Signature/date

Name/Title of referring source/Date:

YOUR ACTION ON THIS REFERRAL IS REQUESTED WITHIN 10 BUSINESS DAYS:

Respondents Name/Title/Date:

CONFIDENTIAL

NAVAJO NATION
Division of Social Services

CONFIDENTIAL

Case Staffing/Consultation Form

☐ Purpose

DATE _____ TIME: _____ PLACE: _____ WORKER: _____

Name of CONSUMER: _____ Age _____ Name of Parents/Guardian/Representative _____

Legal/Placement Status _____ Next Court Hearing _____ Next FCRB Hearing _____ Next CPT/MDT /APS Hearing _____ Next Staffing _____

DATE OF CASE ASSIGNMENT: _____

DATE OF PLACEMENT _____

Reason for NDSS involvement: _____

Case status; physical environment and appearance of client. _____

Family involvement. _____

Problem identification/progress made in problem resolution: _____

CURRENT CASE PLAN DATE _____ accomplished _____ Projected Date: _____

Permanency GOAL:

CONCURRENT PLAN: _____

Service Providers _____ Summary of family condition & types of services provided: _____

GUARDIAN/PARENTS'/RESPRESENTATIVE RESPONSIBILITIES _____

CASE STAFFING SUMMARY : _____

CASE STAFFING RECOMMENDATIONS:

CONFIDENTIAL

Total case weight factor _____ Rational for weight assignment: _____

Next Staffing Date: _____

Signature of participants in attendance:

Name	Title/relationship	<i>Signature</i>

PROGRESS NOTES

Case Name: _____

Case Number: _____

Indicate: (HV) Home visit (OI) Office Interview (OC) Office Collateral (FC) Field Collateral (TC) Telephone Call

[illegible]

CONFIDENTIAL

SUPERVISION RECORD

Supervisee		Title		Supervisor	
Date	Location	Type: FF; TC; Individual; Group Length			
Supervisee:			Supervisor:		

Supervisee		Title		Supervisor	
Date	Location	Type: FF; TC; Individual; Group Length			
Supervisee:			Supervisor:		

Supervisee		Title		Supervisor	
Date	Location	Type: FF; TC; Individual; Group Length			
Supervisee:			Supervisor:		

Supervisee		Title		Supervisor	
Date	Location	Type: FF; TC; Individual; Group Length			
Supervisee:			Supervisor:		

Supervisee		Title		Supervisor	
Date	Location	Type: FF; TC; Individual; Group Length			
Supervisee:			Supervisor:		

SUPERVISORY PLAN

Supervisee:
Education:
License:

Supervisor:
Region/Program:
License:
Specialty:

Date of Plan:
Number of Hours :
Number of 1.1 Supervision hours per week:
Setting:
Amount of hours per week in the setting:
Supervisee's Duties:

Supervisee Representation: Official letters, reports, and related communications pertaining to _____
role as (case manager) will list (him/Her) as follows:

I have read the supervisory plan written by _____, and am in agreement with the duties and responsibilities included. I understand that I will be working under _____ license and that (she/he) will function as my supervisor. I further agree to uphold the standards established by the Navajo Nation Professional Standards & Ethics and the protocols, as well as the laws governing social services on the Navajo Nation. As supervisor, _____ will give verbal and or written feedback to me regarding. (He/She) agrees to provide me with a minimum of one hour of face to face supervision each week. It is understood that _____ will submit to the New Mexico Board of Social Work Examiners/ Arizona Board of Behavioral Health Examiners regarding my capacity to function as an ethical and competent social services worker.

Supervisee/Date

I agree to assume full responsibility for the overall supervision of _____ professional growth and development. I will maintain a record of the setting in which supervision takes place, along with the dates of the supervision and the number of practice house I am supervising

Supervisor/Date

NDSS PAYMENT SHEET

Type of Payment: _____ Payment _____ Cost of Care _____

CASE NAME : _____

CENSUS #: _____

[illegible]

--	--	--	--



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES

INCIDENT/ACCIDENT REPORT FORM

NAME _____ DATE _____

EXACT LOCATION OF INCIDENT/ACCIDENT _____

DATE OF INCIDENT/ACCIDENT _____ TIME _____

DESCRIPTION OF INCIDENT/ACCIDENT _____

WHO WAS IN CHARGE AT THE TIME OF INCIDENT/ACCIDENT _____

The name of witness to the incident _____

WAS ACTION TAKEN? _____

WHAT TIME WAS Primary Care Physician and /OR SUPERVISOR NOTIFIED (Name) _____

What corrective action do you recommend? _____

WAS EMERGENCY SERVICES NECESSARY? _____ IF SO, WHEN NOTIFIED _____

POLICE DEPARTMENT NOTIFIED? _____ OFFICER'S NAME/BADGE# _____

Report Number (CC#) _____

TREATMENT INDICATED (MEDICAL) _____

COMMENTS AND/OR RECOMMENDATIONS _____

Reporting person: _____ Date: _____ Contact telephone #: _____

CASE NAME: _____

CLOSURE SUMMARY:

DATE OPENED _____ DATE CLOSED: _____

A. RESTATEMENT OF REASON FOR REFERRAL:

B. ACTION TAKEN IN ASSISTING CLIENT TO RESOLVE PROBLEMS:

C. PROGRESS MADE BY CLIENT TO ACHIEVE CASE PLAN GOALS:

a. PERMANENCY GOAL COMPLETED

D. FUTURE CLIENT ACTION PLANS TO DEAL WITH SOCIAL DIFFICULTIES.

E. RECOMMENDATION:

Signature Worker/Title/Date

Acknowledged:

NOTICE OF DENIAL OF YOUR REQUEST FOR SOCIAL SERVICES

ATTACHMENT A

TO:

Client Name

Client Representative Name (If Relevant)

Client Mailing Address, City, State, Zip

Client Representative Mailing Address

FROM:

Case Manager Name

Case Manager Phone Number

Case Manager Mailing Address

City, State, Zip

1) YOUR REQUEST FOR (Describe Services) _____

2) IS DENIED BECAUSE _____

3) OUR DECISION IS BASED ON _____

4) THE DATE OF THIS DECISION IS _____

If you have any questions about our decision, please contact us. You have a right to appeal this decision.

If you disagree with our decision, you can ask for a grievance hearing.

FILING AN APPEAL:

To file a Grievance, contact the office that denied you services. **YOU MUST MAIL YOUR LETTER OR FORM WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE DECISION INDICATED ON LINE NUMBER FOUR (4) ABOVE.**

Within seven (7) business days on your request for a grievance, we will meet with you to try to agree on your services. If you do not agree with our decision on your request for a grievance, you can appeal that decision by requesting a Hearing to review our grievance decision.

You can skip the grievance conference by requesting a Hearing to the NNDSS Central Administration. **THIS REQUEST MUST BE WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE DECISION INDICATED ON LINE NUMBER FOUR (4) ABOVE.**

REQUEST FOR A GRIEVANCE HEARING:

To Request a Grievance, you must either call the NNDSS taking the adverse action or write a letter to:

EXECUTIVE DIRECTOR ATTENTION:
EXPEDITE
NAVAJO DIVISION OF SOCIAL SERVICES
P. O. BOX 4590
WINDOW ROCK, ARIZONA 86515

YOU MUST CALL OR MAIL YOUR LETTER OR FORM WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE GRIEVANCE DECISION.

Please include a copy of this Notice.

If you Request a Hearing, the Hearing will be held within twenty (20) business days after the date of the decision. We will give you a decision within seven (7) business days after the Hearing.

Name/Signature

Date of Notice

REQUEST TO SOCIAL SERVICES TO APPEAL THE DECISION ABOUT THE DENIAL OF MY SOCIAL SERVICES

ATTACHMENT A-2

☐

I request an appeal directly to the Executive Director Central Office Administration

Please print your name

Phone No. to reach you

Your Social Security Number

Please sign your name

Date

TELL WHO DENIED YOUR SERVICES AND DESCRIBE WHY YOU WANT A HEARING:

SEND YOUR APPEAL TO:

**DIVISION OF SOCIAL SERVICES
ATTENTION: EXPEDITE
P.O. BOX 4590
WINDOW ROCK, ARIZONA 86515
Phone: (928) 871-6556**

**WITHIN TWENTY (20) BUSINESS DAYS OF GRIEVANCE DECISION
OR IF SKIPPING GRIEVANCE CONFERENCE,
WITHIN TWENTY (20) BUSINES DAYS OF THE DATE OF THE NOTICE**

NOTICE OF OUR DECISION TO CHANGE YOUR SOCIAL SERVICES

TO:

Client Name

Client Representative Name (If Relevant)

Client Mailing Address, City, State, Zip

Client Representative Mailing Address

FROM:

Case Manager Name

Case Manager Phone Number

Case Manager Mailing Address

City, State, Zip

We have decided that you (describe services)_____

1) OUR DECISION IS BASED ON _____

2) THE DATE OF THIS DECISION IS _____

If you have any questions about our decision, please contact us. You have a right to appeal this decision.

FILING AN APPEAL:

To file a Grievance, contact the office that denied you services. YOU MUST MAIL YOUR LETTER OR FORM WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE DECISION INDICATED ON LINE NUMBER TWO (2) ABOVE. IF YOU DO NOT APPEAL THIS DECISION WITHIN TWENTY (20) BUSINESS DAYS, IT WILL BECOME FINAL AND YOU WILL NOT BE ABLE TO APPEAL.

Within seven (7) business days of your request for grievance, we will meet with you to try to agree on your services. If you do not agree with our decision on your request for a grievance, you can appeal that decision by requesting a Hearing to review our grievance decision.

You can skip the grievance conference by requesting a Hearing to the NNDSS Central Administration. THIS REQUEST MUST BE WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE NOTICE INDICATED ON LINE NUMBER TWO (2) ABOVE.

IF YOU APPEAL THIS DECISION, YOU CAN CONTINUE TO RECEIVE SERVICES UNTIL A FINAL DECISION IS MADE ON YOUR CASE.

REQUEST FOR GRIEVANCE HEARING:

To Request a Grievance, you must either call the NNDSS taking the adverse action or write a letter to:

NNDSS OFFICE
ATTENTION: EXPEDITE
NAVAJO DIVISION OF SOCIAL SERVICES
P. O. BOX 4590
WINDOW ROCK, ARIZONA 86515

YOU MUST CALL OR MAIL YOUR LETTER OR FORM WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE GRIEVANCE DECISION.

Please include a copy of this Notice.

If you Request a Hearing, the Hearing will be held within twenty (20) business days after the date of the decision. We will give you a decision within seven (7) business days after the Hearing.

Name/Signature

Date of Notice

REQUEST TO SOCIAL SERVICES FOR A HEARING

☐

I request an appeal directly to the Executive Director Central Office Administration

Please print your name

Phone No. to reach you

Your Social Security Number

Please sign your name

Date

TELL WHO DENIED YOUR SERVICES AND DESCRIBE WHY YOU WANT A HEARING:

SEND YOUR APPEAL TO:

**DIVISION OF SOCIAL SERVICES
ATTENTION: EXPEDITE
P.O. BOX 4590
WINDOW ROCK, ARIZONA 86515
Phone: (928) 871-6556**

**WITHIN TWENTY (20) BUSINESS DAYS OF GRIEVANCE DECISION
OR IF SKIPPING GRIEVANCE CONFERENCE,
WITHIN TWENTY (20) BUSINESS DAYS OF THE DATE OF THE NOTICE**



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Intake

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TODAY'S DATE		 THE NAVAJO NATION NDSS INTAKE		TYPE OF REFERRAL		
				WRITTEN	TELEPHONE	OFFICE
Reporting Source (Confidential; release only by court order)		Mailing Address (for notice of report decision)			Telephone	
REFERRED INDIVIDUAL		M/F	DOB/AGE	CENSUS	SOCIAL SECURITY	
HOME DIRECTIONS OR WHERE REFERRED PERSON CAN BE LOCATED.						
					CHAPTER/ COMMUNITY	
		Address			Telephone	
FAMILY HOUSEHOLD MEMBERS		RELATIONSHIP	AGE	OCCUPATION/SCHOOL		

WORKER COMPLETING INTAKE REPORT: _____TITLE: _____

POLICE NOTIFICATION					SCAN
No	Yes	Date	CC#:	Police Officer or Badge #	MDT NO
Case Assignment			Prior Reports/Disposition		
Case Worker	Protective Services APS	Response Level			
SUPERVISOR RECOMMENDATION & INTAKE PLAN					
Supervisor Name/title/Date					

SUPERVISOR REVIEW, RESPONSE LEVEL AND ASSIGNMENT:

Priority I: *If one of A, B or C; priority I apply. Immediate response is required.*

A	SafetyInfluence1-13 is present <u>and</u> minor is less than 7 years of age or an adult who requires 24-hour care.
B	Is the alleged incident happening right now?
C	Is there immediate threat of harm?
1	No adult in the home will perform caretaker duties & responsibilities
2	One or both caretaker(s) is/are violent
3	One or both caretaker(s) cannot control behavior
4	Referred individual is perceived in extremely negative terms by one or both caretaker(s).
5	One or both caretakers fear they will maltreat referred individual(s) and or request placement
6	One or both caretaker(s) intend(ed) to hurt referred individual (s) and do not show remorse
7	One or both caretaker(s) lack knowledge, skill and or motivation in providing proper care which affects the referred individual(s) safety
8	There is some indication caretaker(s) will flee
9	Referred individual has exceptional needs which caretaker cannot/will not meet
10	Living arrangements seriously endanger the physical health of the referred individual.
11	Caretaker's whereabouts is unknown
12	Allegation of abuse, neglect exploitation in the foster home
13	Suicidal or homicidal behaviors

Priority II: *(If two or more apply, Respond within 72 hours; If one, respond within five days)*

_____	Referred Individual shows effects of maltreatment, such as serious emotional symptoms & lack of behavioral control
_____	Referred individual shows effects of maltreatment, such as serious physical symptoms
_____	One or both caretakers overtly reject intervention
_____	Both caretakers cannot/do not explain injuries and/or conditions.
_____	Referred individual is fearful of home situation
_____	Referred individual is seen by either caretaker as responsible for the caretaker's problems
_____	Maltreating parent exhibits no remorse or guilt
_____	One or both caretaker's have failed to benefit from previous professional help
_____	Referred individual is 55+ years old and/or cannot take care of self independently..
_____	Referred Individual is 18-54 years of age and/or cannot take care of self independently
_____	Sexual abuse (prior to expiration of the Statues of Limitation)

Priority III: *(Response time five working days)*

_____	Moderate Physical Abuse; medical neglect; emotional abuse; Delinquent under 8; inadequate Supervision; Dependent under 12.
-------	--

Priority IV: *(Response time within ten working days)*

_____	Benign Abuse & neglect; Potential abuse & neglect; Dependent child over 12; Exploitation, non-emergent out of home placement for AIC-CWA
-------	--

Priority V: *(Not investigated without court request)*

_____	Truancy; Dental neglect; poor hygiene; immunization; Education neglect; custody dispute TPR-guardianship-adoption; housing; Home study; welfare check; Information only
-------	--



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

LETTER OF NOTIFICATION

Dear: _____

Date: _____

Census No, _____

This letter is to advise you of a decision or action taken regarding the Intake report requesting:

See item checked.

/ /1. The report has been received and NDSS is taking action

/ / 2. The application has been approved for effective _____ For \$ _____

/ / 4. Your application is still pending. (See item # 10 for further explanation)

/ /5. Your eligibility re-determination for continued services is due. Please come see me at _____
on at ☐ AM ☐ PM.

/ / 10. Other: **REASON(S) FOR THE DECISION OR ACTION:** _____

Worker

ATTACHMENT: NDSS Grievance Policy.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Child Protective Services

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THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

TO : Captain
Department of Law Enforcement

FROM : _____

DATE :

SUBJECT: Notification of a Report of Abuse & Neglect

VICTIM

1. Name	2. Birth Date	3. Age	4. M/F	5. Grade	6. Date/Time of Disclosure
7. Residence:					

SCHOOL

8. School:	9. School Telephone Number:
10. School Address:	

PARENT(S)

11. Father's Name:		12. Mother's Name:	
13. Father's Residence:		14. Mother's Residence:	
15. Guardian/Other Responsible Person:			
16. Guardian/ Other Responsible Person's Residence:			

ALLEGED OFFENDER

17. Alleged Offender's Name:	M/F	Race	DOB	SS#	C#
18. Alleged Offender's Residence:				19. Relationship to Victim:	

NARRATIVE (Nature & Extent of Injuries)

REPLY IS REQUESTED WITHIN TEN BUSINESS DAYS OF THIS NOTICE: to be completed by Public Safety

(NOTE: This notification is made in accordance to all applicable statues, rules, ordinances and laws of Federal, State, and Tribal Governments.) Duplicate copies

SAFETY ASSESSMENT AND PLAN

Case Name: _____ Worker #: _____ Date: _____

II. SECTION 1: SAFETY ASSESSMENT

Part A. Safety Factor Identification

Directions: The following list of factors is behaviors or conditions that may be associated with a child being in danger of serious harm. Identify the presence or absence of each factor by circling either "no" or "yes" if the factor applies to any child in the household. Note: The vulnerability of each child needs to be considered throughout the assessment. Young children cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization. **For each factor, circle "Yes" or "No."**

1. Yes No Caretaker's behavior is violent or out-of-control.
2. Yes No Caretaker describes or acts towards child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No Caretaker caused serious physical harm to the child or has made a plausible threat to cause serious harm.
4. Yes No Explanation for the injury is unconvincing.
5. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.
6. Yes No Caretaker has not, cannot, or will not provide supervision necessary to protect child from potentially serious harm.
7. Yes No Caretaker is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
8. Yes No Caretaker has previously maltreated a child and the severity of the maltreatment, or the caretaker's response to the previous incident(s), suggests that child safety may be an immediate concern.
9. Yes No Child is fearful of caretaker(s), other family members, or other people living in, or having access to, the home.
10. Yes No Child's physical living conditions are hazardous and immediately threatening.
11. Yes No Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
12. Yes No Caretaker's current drug or alcohol use seriously affects his/her ability to currently supervise, protect, or care for the child.
13. Yes No Caretaker's mental/physical health seriously affects his/her ability to currently supervise, protect, or care for the child.
14. Yes No Other (specify): _____

IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 3: SAFETY DECISION, AND CHECK "SAFE"

Part B. Safety Factor Description

Directions: For all safety factors which are marked "Yes," note the applicable safety factor number and then briefly describe the specific individuals' behaviors, conditions, and/or circumstances associated with that particular safety factor.

SECTION 2: SAFETY RESPONSE

For each condition identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check each response taken to protect the child and explain below. Describe all safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- ☐ 1. Use of caretaker, family resources, neighbors, or other individuals in the community as safety resources.
- ☐ 2. Use community agencies or services as safety resources.
- ☐ 3. Use family preservation
- ☐ 4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- ☐ 5. Have the non-maltreating caretaker move to a safe environment with the child.
- ☐ 6. Have the caretaker(s) place the child outside the home (informal voluntary placement).
- ☐ 7. Other: _____
- ☐ 8. Legal action must be taken to place the child(ren) outside the home.

If Child Protection Services (CPS) is initiating legal action and placing the child: 1) explain why responses 1-7 could not be used to keep the child(ren) safe; and 2) provide a brief summary of your discussion with the caretaker(s) regarding the placement.

III. SECTION 3: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety factors and any other information known about this case. "C" should be checked only if no safety factors were identified in Section 1.

- A. Unsafe: ☐ Placement is the only protecting intervention possible for the child(ren). Without placement, the child(ren) will likely be in danger of immediate or serious harm.
- B. Conditionally Safe: ☐ Since the referral was received, safety interventions have been, or will be, taken to resolve the unsafe situation for the present time.
- C. Safe: ☐ There are no children likely to be in immediate danger of serious harm.

If Conditionally Safe, explain:

Acknowledgement:

Consumer/Legal Guardian/ Parent Signature: _____ Date: _____

ASSESSMENT OF NEEDS AND STRENGTHS

Case Name: _____ Worker #: _____ Date: _____

Some items apply to all household members while other items apply to caretakers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assisting an item for more than one household member, record the score for the household member with the greatest need (highest score). Caretakers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caretakers only, record the score for the caretaker with the greatest need (highest score) when a household has more than one caretaker.

			SCORE
S1.	Emotional/Mental Health	a. Demonstrates good coping skills-3 b. Minor mental health problems1 c. Moderate mental health problems.....3 d. Chronic or severe mental health problems5	_____
S2.	Parenting Skills	a. Good parenting skills-3 b. Minor difficulties in parenting skills0 c. Moderate difficulties in parenting skills3 d. Destructive parenting skills5	_____
S3.	Family Relationships	a. Supportive relationship-2 b. Occasionally problematic relationship(s)0 c. Domestic discord2 d. Serious domestic discord/domestic violence4	_____
S4.	Substance Use	a. No evidence of use0 b. Some substance use1 c. Moderate substance abuse problems2 d. Serious substance abuse problems4	_____
S5.	Child Characteristics	a. Age appropriate, no problems.....-1 b. Minor problems.....0 c. One child has severe/chronic problems1 d. Children have severe/chronic problems3	_____
S6.	Social Support Systems	a. Strong support network.....-1 b. Adequate support network0 c. Limited support network1 d. No support or destructive relationships.....3	_____
S7.	Communication/ Interpersonal Skills	a. Strong skills.....-1 b. Appropriate skills.....0 c. Limited or ineffective skills1 d. Hostile/destructive3	_____
S8.	Caretaker(s) Abuse/ Neglect History	a. No evidence of abuse/neglect history-1 b. Caretaker(s) abused/neglected as a child0 c. Caretaker(s) in foster care as a child.....1 d. Caretaker(s) perpetrator of abuse/neglect3	_____
S9.	Caretaker(s) Life Skills	a. Good life skills.....-1 b. Adequate life skills.....0 c. Poor life skills1 d. Severely deficient life skills.....3	_____
S10.	Physical Health	a. Preventive health care-1 b. No adverse health problems0 c. Health problem or disability1	_____

		d. Serious health problem or disability.....	3	_____
S11.	Literacy	a. Multilingual and literate	-1	
		b. Literate	0	
		c. Marginally literate.....	1	
		d. Illiterate	2	_____
S12.	Housing/Environment	a. Adequate housing.....	-1	
		b. Some housing problems, but correctable	0	
		c. Serious housing problems, not corrected	1	
		d. Uninhabitable or no housing	2	_____
S13.	Employment/Income	a. Employed	-1	
		b. No need for employment	0	
		c. Underemployed	1	
		d. Unemployed	2	_____
S14.	Community Resource Availability	a. Seeks out and utilizes resources	-1	
		b. Utilizes resources.....	0	
		c. Resource utilization problems	1	
		d. Refusal to utilize resources.....	2	_____
		TOTAL SCORE		_____

Based on this assessment, identify the primary needs and strengths of the family.
Record S code and title.

Needs

1. _____
2. _____
3. _____

Strengths

1. _____
2. _____
3. _____

NEEDS AND STRENGTHS LEVEL

Assign the family's needs and strength level based on the total score.

- _____ Low (-18-2)
- _____ Moderate (3-23)
- _____ High (24+)

FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT

Case Name: _____		Worker #: _____		Date: _____	
------------------	--	-----------------	--	-------------	--

<u>Neglect</u>	Score	<u>Abuse</u>	Score
N1. Current Complaint is for Neglect		A1. Prior Complaint is for Sexual Abuse	
a. No.....0		a. No.....0	
b. Yes.....2	_____	b. Yes.....1	_____
N2. Number of Prior Investigations		A2. Number of Prior Investigations	
a. None.....-1		a. None.....-1	
b. One.....0		b. One.....0	
c. Two or more.....+2	_____	c. Two or more.....+2	_____
N3. Number of Children in the Home		A3. Household has Previously Received CPS(voluntary/legal/protective case)	
a. One.....-1		a. No.....0	
b. Two.....0		b. Yes.....1	
c. Three or more.....+1	_____	c. Yes, and a termination petition was filed.....3	_____
N4. Number of Adults in the Household		A4. Number of Children in the Home	
a. Two or more.....0		a. One.....-1	
b. One.....1	_____	b. Two.....0	
N5. Household has Previously Received CPS(voluntary/legal/protective case)		c. Three.....+1	_____
a. No.....0		A5. Primary Caretaker has a History of Abuse or Neglect as a Child	
b. Yes.....1	_____	a. No.....0	
N6. Characteristics of Children in Household (check & add for score)....		b. Yes.....1	
a. Not applicable.....0		c. Yes, caretaker was in foster care as a child.....2	_____
b. ____ Medically fragile/failure to thrive.....1		A6. Primary or Secondary Caretaker has an Alcohol or Drug Problem	
c. ____ Mental health problem.....1		a. No.....0	
d. ____ Developmental disability.....2	_____	b. Alcohol and/or marijuana.....1	
N7. Problematic Adult Relationships in the Household		c. Other drug (cocaine, heroin, amphetamines, etc).....2	_____
a. No.....0		A7. Age of Youngest Child	
b. Problematic relationships/multiple live-in partners.....1		a. 15 or older.....-1	
c. Household has a domestic violence history.....2	_____	b. 6 to 14.....0	
N8. Primary Caretaker has an Alcohol or Drug Abuse Problem		c. 5 or younger.....1	_____
a. No.....0		A8. Problematic Adult Relationships in the Household	
b. Alcohol and/or marijuana.....1		a. No.....0	
c. Other drug (cocaine, heroin, amphetamines, etc).....2	_____	b. Yes, problematic adult relationships/multiple live-in partners.....1	
N9. Primary Caretaker has a Prior Arrest Record Disclosed During the Investigation		c. Yes, household has a domestic violence history.....2	_____
a. No.....0		A9. Primary or Secondary Caretaker Characteristics (check applicable items & add	
for score)		a. None Applicable.....0	
b. Yes.....1	_____	b. ____ Provides inadequate emotional support.....1	
N10. Primary Caretaker has a History of Abuse or Neglect as a Child		c. ____ Injured a child in current or previous incident.....1	
a. No.....0		d. ____ Domineering parent.....2	
b. Yes.....1	_____	e. ____ Mental health problem.....2	_____
N11. Caretaker(s) Response to Investigation		A10. Child in Home has a Developmental Disability and/or History of Delinquency	
a. Caretaker(s) cooperated with investigator.....0		(Check applicable items and add for score)	
b. One or more caretaker(s) did <u>not</u> cooperate with investigator.....1	_____	a. None Applicable.....0	
N12. Primary or Secondary Caretaker has an Impulse Control Problem		b. ____ Delinquency history.....1	
a. No.....0		c. ____ Developmental disability.....1	_____
b. Yes.....1	_____	A11. Caretaker(s) Response to Investigation	
		a. Caretaker(s) cooperated with investigator.....0	
		b. One or more caretaker(s) did <u>not</u> cooperate with Investigator.....2	_____
TOTAL NEGLECT RISK SCORE		TOTAL ABUSE RISK SCORE	

RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Risk Level</u>
_____ -2 - 0	_____ -3 - 0	_____ Very Low
_____ +1 - +4	_____ +1 - +5	_____ Low

_____ +5 - +8	_____ +6 - +9	_____ Moderate
_____ +9 - +19	_____ +10 - +24	_____ High

OVERRIDES

Policy: Override to High. Check appropriate reason.

- | | |
|-------|---|
| _____ | 1. Sexual Abuse cases where the perpetrator is likely to have access to the child victim. |
| _____ | 2. Cases with non-accidental physical injury to an infant. |
| _____ | 3. Serious non-accidental physical injury requiring hospital or medical treatment. |
| _____ | 4. Death (previous or current) of a sibling as a result of abuse or neglect. |
| _____ | 5. Discretionary: Reason _____ |

OVERRIDE RISK LEVEL (Circle one if override used):	Low	Moderate	High
Supervisor's Review/Approval of Discretionary Override	DATE	_____ / _____	_____ / _____



THE
NAVAJO
NATION

PROTECTION SERVICE ASSESSMENT SUMMARY

(not used for dependency request)

Date of Report:

Referral Date:

Report is concerning:

Case Name:

Census #:

DOB:

M/F

SSN:

Parent/Legal Guardian

Other household members

Census #:

DOB:

Relationship to child

Mailing Address:

Directions to home:

Alleged Offender:

Relationship to victim:

Residence:

ALLEGATION:

(what was the reported allegation such as neglect, physical abuse, etc.)

SOCIAL WORKER INVESTIGATION PROCESS:

(What did the worker do to investigate the allegation)

EXTENT OF MALTREATMENT: (how severe is the abuse and or neglect)

WHAT CIRCUMSTANCES SURROUND THE MALTREATMENT:

(How many times has this happened, parental remorse, substance abuse, parent/caretakers explanation)

EVIDENCE:

(was there a physical examination done, were the police involved, was the parent detained or unavailable, was the child alone and under age 12 and for how long etc.)

CHILD PLACEMENT:

(where is the child right now, and what measures did the worker take with the caretaker/parent to document the safety concerns)

GENERAL PARENT FUNCTION:

(what is the overall general parenting practices used, is the parent stable such as stable income to support the family, relationship, formal and informal support systems etc.)

ADULT FUNCTIONAL LEVEL:

(How does the adult function with respect to daily life management and general adaptation to social stresses)

ASSESSMENTS OUTCOME:

(What is the family strengths and needs, what is the risk factor and safety plans and how is the family problem solving skills)

SOCIAL WORKER ASSESSMENT:

(What is the general overall function of the family and the response to the allegations, was the allegation substantiated or not)

RECOMMENDATION:

(What is the recommendation based on the assessment outcomes, should the protective service referral be closed or open the case for case management based on the risk and safety factors.)

Prepared by: _____ date: _____

Reviewed by: _____ date: _____



THE
NAVAJO
NATION

PROTECTION SERVICE ASSESSMENT SUMMARY REQUEST FOR DEPENDENCY ACTION

Date of Report:

Referral Date:

Case Name:

Census #:

DOB:

SSN:

Parent/Legal Guardian

Census #:

DOB:

SSN:

Other household members

Census #:

DOB:

Relationship to child

Mailing Address:

Directions to home:

Alleged Offender:

Relationship to victim:

Residence:

ALLEGATION:

What was the reason for the report?

SOCIAL WORKER INVESTIGATION PROCESS:

What did the worker do, who did the worker contact and interview, what did the worker observe.

EVIDENCE:

What is the physical evidence, bruises, left alone, incarceration, malnourishment, etc.

REASONABLE EFFORTS MADE TO PREVENT PLACEMENT OF THE CHILD:

What did the worker do with the parent/caretaker to prevent the placement, what was the circumstance that was evident that the child was so at risk that the worker couldn't ensure safety?

The situation was an emergency, and the lack of preventive services was reasonable.

SOCIAL WORKER ASSESSMENT:

What is the social workers conclusion?

RECOMMENDATION:

For the child to remain in the home, would be contrary to the welfare of the child and that it is in the best interest of the child to remove minor for his/her safety.

OR

Removal from the home is in the Child's best interest.

The Division of Social Service is requesting that a dependency action be filed by the Office of the Prosecutor.

Prepared by:_____ date: _____

Reviewed by:_____ date: _____



THE
NAVAJO
NATION

TEMPORARY CUSTODY NOTICE

TODAY'S DATE: _____

To: _____

AS A CHILD PROTECTION SERVICE SOCIAL WORKER OF THE NAVAJO NATION, I AM AUTHORIZED TO TAKE CHILDREN INTO TEMPORARY CUSTODY PURSUANT TO TITLE 9 N.T.C., SECTION 1108-1,2.

THE CHILDREN TAKEN INTO CUSTODY ARE:

NAME: AGE/DOB REASON:

In the event a Dependency petition is filed with the family court and your child/children is/are not released, the court will notify you of the date, time, and place of hearing to review the temporary custody. The court will determine whether or not any further custody proceedings will be necessary. If you wish to retain the assistance of a legal counsel, you may do so. If you cannot afford one, you may ask the court to appoint one for you.

NDSS WORKER /TITLE

DATE

NOTICE OF RECEIPT OF TEMPORARY CUSTODY NOTICE

SIGNATURE OF PARENT/LEGAL CARETAKER: _____ DATE: _____

SIGNATURE OF PARENT/LEGAL CARETAKER: _____ DATE: _____

COPY: CASE FILE

COURT

PART I: PLACEMENT INFORMATION

A IDENTIFYING DATA

Child's Name _____ D.O.B. _____ Gender: _____

Mother's Name _____ Address _____

Father's name _____ Address _____

Tribal Affiliation _____ Reason for Removal _____

B. School Information

Name of School _____ Address _____

Current Grade _____ Previous School Attended _____

Special Education Program(s) _____ Name of Favorite teacher or counselor _____

C. Medical Information

Previous Health Provider(s) _____

Name of Doctor and/or Clinic _____

Hospital chart No. _____ Immunization Records: Yes ____ No ____

Formula or special Formula _____

Allergies _____ Present Medication (s) _____

D. Number of Previous Placements _____ Child's behavior in these placements _____

List child's Known present problems _____

PART II: CONTACT PERSONS

A. In case of emergency, notify:

Name _____ Relation to Child _____

Office Telephone No. _____ Home Telephone No. _____

Name _____ Relation to Child _____

Office Telephone No. _____ Home Telephone No. _____

Name _____ Relation of Child _____

Office Telephone No. _____ Home Telephone No. _____

B. Visitation (Please Indicate)

Supervised _____ Unsupervised _____ Are phone Calls Allowed? Yes ____ No ____

Allowed visitors include:

_____ Biological Mother _____ Biological Father

_____ Siblings (specify) _____

_____ Relative(s) (specify) _____

_____ Friend(s) (specify) _____

Primary Worker date



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES

OUT OF HOME PLACEMENT

Date of Placement: _____ Worker making placement: _____

Placement Type:

Name/Location

- ☐ Licensed Foster Home:
☐ Non-Licensed Foster Home:
☐ Licensed Shelter Home:
☐ Subcontracted Care Facility:

Who is placed	DOB	M/F	Census
Parent/Guardian	DOB	M/F	Census
Directions to home:			
Residence:			
Reason for Placement out of home:			

Police Involved Yes ☐ No ☐ CC#: _____ Officer: _____
Court Order Yes ☐ No ☐ Docket #: _____

RELEASE OF CONSUMER FROM NDSS PLACEMENT

Reason for Release:

☐ Return home ☐ Change in Foster Care home ☐ Residential Care Facility ☐ Other _____

Name of Placement: _____

RELEASED TO: (PRINT NAME)	SIGNATURE:
RELATIONSHIP:	RESIDENCE:
ADDRESS:	

DAILY RATE	X # OF DAYS X (1) CHILD	TOTAL DUE
<input type="checkbox"/> SARF Date submitted: _____ Payment Amount: _____	<input type="checkbox"/> Money Order M.O. #: _____ Payment Amount: _____	

Copy: file/ Foster Care Specialist

PLACEMENT TRACKING INFORMATION
NAME OF CONSUMER_____

DATE OF PLACEMENT	WORKER #	PLACEMENT	DATE OF RELEASE	WORKER #



THE
NAVAJO
NATION

NAVAJO DIVISION OF SOCIAL SERVICES
Emergency Placement Home Study

-
1. Referral of relative home to the Foster Care Specialist shall be completed within 72 hours of placement.
 2. CARE PROVIDER MUST BE INFORMED AND MUST CONSENT THAT HE/SHE IS SUBJECT TO A CRIMINAL BACKGROUND CHECK AND CHARACTER REFERENCE PRIOR TO PLACING THE CHILD IN THE HOME.

1. NAMES OF APPLICANTS: Include other names used and maiden names.
2. Applicants' date of birth, place of birth, social security numbers, census numbers, and home agency where enrolled. Indicate Navajo blood quantum and nationality/race if non-Navajo.
3. LOCATION OF RESIDENCE: give directions from a specified landmark, i.e., chapter house, trading post, post office.
4. MAILING ADDRESS, if different from residential address.
5. TELEPHONE: residential and business telephone numbers
6. FAMILY MEMBERS: names, date of birth and census numbers of children and others in the home.
7. SOURCE OF REFERRAL: voluntarily initiated or referral by another agency.
8. MOTIVATION: why do they want to be temporary caretakers? Explore their needs emotional gratification, companionship for own children/self, monetary reasons, etc. Has this been a total family decision?
9. REASON FOR CHILD PLACEMENT: type incident; reason for child being placed for temporary placement.
10. COMMUNITY AND NEIGHBORHOOD: description of nearby neighbors, type (rural, residential, etc.), and any opposition by neighbors.
11. EDUCATION: specify schools and distance from home. Are facilities available for special education, if needed and how far from resident if the child being placed is of school age.
12. RECREATION: parks, playground, community activities. What is available and frequency of activities?
13. HOME: Physical description, housekeeping standards and overall atmosphere. Specify sleeping arrangements for occupants and child being placed. Description of pets, if any. What is available for fire safety measures?
14. FAMILY: Composition; Who all lives in the home and identify the relationship to the head of household.
15. FAMILY RELATIONSHIPS: Since this is emergency temp shelter, what is the relationship between the legal caretakers; the child and this family?
16. EVALUATION: strengths, weaknesses, evaluate family's motivation. State specific problems they can work with or have worked with in the past.
17. RECOMMENDATIONS:

18. Name of worker, signed and dated.

Name of supervisor, signed and dated.



NAVAJO NATION DIVISION OF SOCIAL SERVICES

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Adult & Elder Protective Services

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DIVISION OF SOCIAL SERVICES

FAMILY SERVICES UNIT
ADULT SERVICES INVESTIGATION/ASSESSMENT FORM

REFERRAL ASSIGNMENT

Date of Report		Referral Date:
Case Name:		<input type="checkbox"/> Emergency (Same Day)
Referral source:		<input type="checkbox"/> Non-Emergency (5 Working Days)
Report Method: <input type="checkbox"/> Phone <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> FAX		

CLIENT INFORMATION

Name:				
Age:	DOB:	Census #:	SS#:	
Phone #:		Primary Language:		Client Aware of Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid Number:				
Address:				
Directions to Home:				

REFERRAL SOURCE

Name:	Relationship:	Phone#:
Address:		
Anonymous: <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERRAL'S SOURCE OF INFORMATION

First Hand <input type="checkbox"/> Knowledge	Victim <input type="checkbox"/> Disclosure	Assumption Based on <input type="checkbox"/> Circumstantial Evidence	Second Hand <input type="checkbox"/> Information
--	---	---	---

NATURE OF REFERRAL/ALLEGATION/ PRESENTING PROBLEM

REPORT TYPE

ABUSE: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Verbal	NEGLECT: <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Environmental	EXPLOITATION: <input type="checkbox"/> Extortion <input type="checkbox"/> Parasitic Relationship <input type="checkbox"/> Disappearance of Funds	FACILITY: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Board & Care <input type="checkbox"/> Other REQUEST FOR SERVICES <input type="checkbox"/> Home Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Day Care
--	--	--	---

INVESTIGATION PROCESS/EVIDENCE:

LIVING ARRANGEMENT

<input type="checkbox"/> Lives Alone	Household Composition:			
<input type="checkbox"/> Lives with Others	Name:	Relationship:	DOB:	Age:

<input type="checkbox"/> Nursing Home				
<input type="checkbox"/> ARSCH				
<input type="checkbox"/> Other				

PERPETRATOR INFORMATION

Name:			Address:		
City:	State:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Relationship:	
Place of Employment:			Primary Language:		
Any Weapons:			History of Violence:		
Aware of Report: <input type="checkbox"/> Yes <input type="checkbox"/> No			SS#:		

COLLATERALS (TO INCLUDE OTHERS IN HOME, AS WELL AS SUPPORT SYSTEM)

Name:	Address:	Phone#:	Relationship:

LEGAL STATUS

Not Applicable	Rep Payee	POA	Guardianship/Conservatorship
Name:		Address:	
City:	State:	Zip Code:	Phone #:

PHYSICAL/MENTAL HEALTH (CHECK IF YES)

Identified Diagnosis:		Date of Diagnosis:	
Alert	Confused	Oriented	Memory
Other:			
Date of Physical Examination:			
Diagnosing Physician:		Address:	
City:	State:	Zip Code:	Phone #:

MEDICATIONS (LIST ALL KNOWN PRESCRIBED AND OVER THE COUNTER)

Name:	Prescribing Physician	Date Issued	Daily Dose

FUNCTIONAL/LEVEL OF CARE (ADL'S)

ACTIVITY	CANNOT PERFORM	PERFORM WITH ASSISTANCE	PERFORM WITH DEVICES	PERFORM ALONE WITH DIFFICULTY	PERFORM INDEPENDENTLY	COMMENT
Bathing						

Dressing						
Transfer						
Eat/Feed						
Toileting						

INSTRUMENTAL ACTIVITIES (IA'S)

Telephone						
Shopping						
Cook/Prep. Meals						
Housekeeping						
Laundering						
Using Transportation						
Taking Meds.						
Manage Finances						

MOBILITY ACTIVITY

Walking in home						
Walking outside						
Wheelchair mobility						
Stair climbing						

SENSORY ABILITY

Sight						
Hearing						
Speech						
Limb						

ELIMINATION

BOWEL FUNCTION ☐ Continent ☐ Incontinent ☐ Colostomy ☐ Self Care

BLADDER FUNCTION ☐ Continent ☐ Incontinent ☐ Colostomy ☐ Self Care

RISK FACTORS

1. ABUSE

- ☐ Words or gestures that put client in fear of harm
 - ☐ Multiple or Severe bruises or burns
 - ☐ Restrained, Tied, Swaddled, Locked in
 - ☐ Broken bones or wounds
 - ☐ Rope marks
 - ☐ Injuries in odd places
 - ☐ Other (Specify): _____
-
-

2. NEGLECT

- ☐ Dirt, fleas, lice on person
 - ☐ Skin rashes
 - ☐ Bed sores
 - ☐ Ulcerated sores
 - ☐ Malnourished or dehydrated
 - ☐ Doesn't get/take medication
 - ☐ Inadequate clothing
 - ☐ Soiled bedding
 - ☐ Fecal/Urine smell
 - ☐ Untreated Medical condition
 - ☐ Other (Specify): _____
-

3. EXPLOITATION

- ☐ Extortion
 - ☐ Parasitic relationships
 - ☐ Unexplained disappearance
 - ☐ Other (Specify): _____
-

4. COGNITIVE IMPAIRMENTS

- ☐ Faulty reasoning
 - ☐ Inability to follow instructions
 - ☐ Incoherent speech
 - ☐ Inappropriate or no response
 - ☐ Disoriented to time or place
 - ☐ Confused
 - ☐ Memory failure
 - ☐ Loses things constantly
 - ☐ Other (Specify): _____
-
-

5. PSYCHO-SOCIAL

- ☐ Sleeping Behaviors
Excessive_____, Insomnia_____
 - ☐ Eating Behaviors
Under_____, Overeating_____
 - ☐ Withdrawn Behavior
 - ☐ Reclusive Behavior
 - ☐ Inappropriate behavior (Specify): _____
-

☐ Acting Out (Specify): _____

☐ Other (Specify): _____

6. SELF-ENDANGERING BEHAVIORS

- ☐ Suicidal acts
 - ☐ Wandering
 - ☐ Frequenting dangerous places (Specify): _____
-

☐ Life threatening behaviors (Specify): _____

☐ Refuses medical treatment

☐ Other (Specify): _____

7. SUBSTANCE ABUSE

- ☐ Alcohol
 - ☐ Medication
 - ☐ Other (Specify): _____
-

8. ENVIRONMENTAL HAZARDS

- ☐ Homeless
 - ☐ Lack of toilet facilities
 - ☐ Lack of storage facilities
 - ☐ Lack of heat
 - ☐ Lack of electricity
 - ☐ Lack of running water
 - ☐ Animal-infested living quarters
 - ☐ Broken windows
 - ☐ Exposed wiring
 - ☐ Other poor housing conditions (Specify): _____
-

☐ Threatening weather conditions (Specify): _____

☐ Not Applicable

IV. CLIENT RESOURCES

SOURCE	MONTHLY AMOUNT	YEARLY AMOUNT
<input type="checkbox"/> SSI		
<input type="checkbox"/> SS (Including Black Lung)		
<input type="checkbox"/> VA Benefits		
<input type="checkbox"/> Retirement Benefits		
<input type="checkbox"/> General Assistance		
<input type="checkbox"/> Other (Specify):		
	TOTAL	TOTAL

<u>RESOURCES</u>	AMOUNT
<input type="checkbox"/> Bank, Deposits, or Savings Accounts	
<input type="checkbox"/> Stocks or Bonds	
<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Personal Property	
<input type="checkbox"/> Other (Specify):	

APPLICANTS STRENGTHS/NEEDS:

SOCIAL WORK ASSESSMENT:

RECOMMENDATIONS:

Prepared by:

_____ date:_____

Acknowledged

_____ date:_____



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES

OUT OF HOME PLACEMENT

Date of Placement: _____ Worker making placement: _____

Placement Type: _____ Name: _____

- ☐ Relative Care Home
☐ Licensed Shelter Home:
☐ Subcontracted Care Facility: _____

Voluntary Consent for Placement signed? ☐ Yes ☐ No ☐ Court Order (Docket #) _____

Who is placed	DOB	M/F	Census
Legal Guardian	DOB	M/F	Census
Directions to home:			
Residence:			
Reason for Placement out of home:			

Police Involved Yes ☐ No ☐ CC#: _____ Officer: _____
Court Order Yes ☐ No ☐ Docket #: _____

RELEASE OF CONSUMER FROM NDSS PLACEMENT

Reason for Release:
☐ Return home ☐ Change in Care home ☐ Residential Care Facility ☐ Other _____

Name of Placement: _____

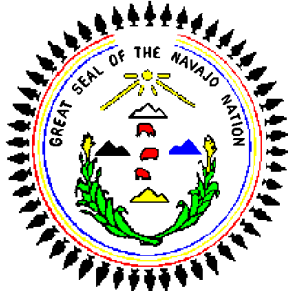
RELEASED TO: (PRINT NAME)	SIGNATURE:
RELATIONSHIP:	RESIDENCE:
ADDRESS:	

DAILY RATE	X # OF DAYS X (1) CHILD	TOTAL DUE
<input type="checkbox"/> SARF Date submitted: _____ Payment Amount: _____	<input type="checkbox"/> Money Order M.O. #: _____ Payment Amount: _____	

Copy: file

PLACEMENT TRACKING INFORMATION
NAME OF CONSUMER_____

[illegible]



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Application Documents

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Case No. _____

Region: _____

Chapter: _____

State: _____

NAVAJO NATION
DIVISION OF SOCIAL SERVICES

Application for Social/Financial Services

Date: _____

SECTION A: I am ☐ a resident of the Navajo Nation, ☐ on Navajo Trust Land, ☐ in a community designated as Near Navajo Nation, ☐ Other:

I am requesting ☐ Adult Care, ☐ Child Welfare ☐ General Assistance, ☐ Emergency Assistance, ☐ Low Income Home Energy Assistance, ☐ Community Services Block Grant, ☐ Provider: CFC, CCDF, ☐ Home Care ☐ Other _____

Why are you requesting Social/financial Services _____

Mailing Address: _____

Directions to Home: _____

Telephone: _____

NAME OF HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.	CENSUS NO.	DISABLED YES/NO	NAME OF PAYEE/ GUARDIAN IF APPLICABLE	EDUC LEVEL	NAME OF SCHOOL
1	Applicant							
2								
3								
4								
5								
6								
7								
8								
9								
10.								

SECTION B

CURRENT RESOURCE INFORMATION

1. HOUSEHOLD MEMBERS

SOURCE OF INCOME/PLACE
EMPLOYED

GROSS/NET INCOME

HOW OFTEN PAID

2. HOME: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Board		Amount Paid	To whom?		Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you received Assistance from Tribal, State, or other Social Services entities before?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
When?		From Where?				
4. <input type="checkbox"/> Cash on hand <input type="checkbox"/> Checking <input type="checkbox"/> Savings Approx amount:						
5. What is your yearly income from livestock?						
6. How much do you earn per month from:		Weaving	Arts & Crafts		Farm Produce	
Traditional Medicine Service		Hauling Wood/Coal/Water		Hauling People	Other	
7. Occupation:	Mr.	Ms.	SKILL(s)	Mr.	Ms.	

SECTION C: YOUR RIGHTS

APPEALS PROCEDURE: You have received a copy and signed the NDSS appeals procedures. (Attachment: NDSS Grievance Policy) Initial: _____

PRIVACY ACT ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S 552.a; The Privacy Act of 1974;P.L.104-191-1177,HIPAA and 2 N.N.C. Subchapter 4,§ 81-91; The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization. I/We have read or heard or had interpreted to me/us the preceding provision of law and understand them. I/We agree to supply all necessary information about my/our resources and income, residence, members of my/our household, employment and to notify the agency when my/our situation changes. I/We also authorize the Navajo Nation to obtain information necessary to establish my/our eligibility for assistance.

Initial: _____

I/We, certify that the information that I/We have given is true and correct.

Section D:	TO BE COMPLETED FOR ALL NDSS SERVICES
-------------------	--

General Assistance	Assistance Category:			Residential Cost:		
		Total:	Payee/Facility			
Basic Need:			Address:			
Utility Allowance:					Total:	
Rental/Mortgage :			Facility/Vendor Daily Rate:			
Homeowner Allowance :			Consumer Resource:			
Total Need :			(-) Personal Allowance :			
Initial Grant:			(-) Clothing Allowance:			
Monthly Grant:			(-) Special Needs :			

Worker: _____

Signature _____ Date _____

Copy (given) to client: _____

Copy (mailed) to client: _____

v. **Section E: CERTIFICATION STATEMENT**

I certify that _____ is eligible/ineligible for services in accordance with _____.
Your application for _____ covers your needs from the date of application through _____.

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**THE
NAVAJO
NATION**
DIVISION OF SOCIAL SERVICES

CONFIDENTIALITY STATEMENT

Federal Law and Regulation protect the CONFIDENTIALITY maintained by Navajo Division of Social Services. This information you provide will be treated with strict confidentiality.

Generally, we do not disclose to outside programs that a client is receiving services or disclose any information identifying a client is receiving services from NDSS unless:

1. The consumer and/or parents/Legal Guardian consents in writing;
2. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for the purpose of audit or program evaluation.

***WHAT IS NOT PROTECTED BY FEDERAL LAW?**

Federal Law and Regulations do not protect any information about a crime committed by a consumer of NDSS or against any personnel or about any threat to commit such a crime. Federal Law and Regulations do not protect any information about suspected child abuse and neglect from being reported under State Law to appropriate State or Local authorities.

DUTY TO WARN: Confidentiality and privileged communication remain rights of all consumers of mental health practitioners according to the law; some courts have held that if any individual intends to take harmful or dangerous action against another human being, or against themselves, it is the provider's duty to warn the person or the family of the consumer who intends to harm her/himself of such an intension. The provider will under no circumstances inform such individuals without first sharing the intention with the consumer, unless it is not possible to do so. Every effort will be made to resolve the issues before such a breach of confidentiality takes place.

By signing this form, I acknowledge that I read it, that it has been discussed with me and that I have had the opportunity to ask any questions to clarify this CONFIDENTIALITY statement and that I understand it. Further, I understand the provider's responsibility to make such decisions when necessary.

Consumer's Printed Name: _____

Consumer's Signature: _____

(Parent's signature: If client is a minor)

Date

Phone Contact for Emergency

Provider's Signature/title: _____

Date

* SEE 42 U.S. D. d-3 AND 42 U.S. C. e-3 FOR Federal Laws



**THE
NAVAJO
NATION**
DIVISION OF SOCIAL SERVICES

**CONSUMER
RIGHTS AND RESPONSIBILITIES.**

A. Each Consumer has a right to the following:

1. Be treated with respect and dignity. Their privacy shall be recognized and respected. The right to privacy includes protection of any information that identifies a particular Consumer and his/her family.
2. Not be discriminated against in the delivery of services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
3. Have services provided in a culturally competent manner with consideration for consumers with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds as well as consumers with visual or auditory limitations.
4. Have the opportunity to choose a primary worker within the limits of the availability of services and/or choose other providers as needed from among those within the social service network system.
5. Be allowed to participate in decision-making regarding their services and/or have a representative to facilitate care or treatment decisions when the consumer is unable to do so.
6. Receive information (in language that the consumer understands) about consumer's rights and responsibilities, the amount, duration, and scope of all services and benefits, service providers and other available services.
7. Have access to after-hour and emergency services for Protective Services.
8. Provided information on available treatment and related service options (including no treatment or services, except where mandated by law) or alternative care services.
9. Informed of procedures for obtaining social and related services, including any special procedures for obtaining general assistance, services or referrals for specialty services provided by the division or provided by other entities.
10. Informed of procedures for obtaining services outside the geographic service area of the division.
11. Be provided with information regarding complaints or grievance procedures and how to obtain prompt resolution of issues on their concerns, including complaints or grievances and issues relating to authorization, financial assistance, coverage or payment of services.
12. Have access to his/her case file in accordance with applicable Federal and Navajo Nation laws.
13. Have the right to refuse services and/or treatment.
14. Exercise his/her rights as a citizen of the U.S. and Navajo Nation.

B. Each Consumer, consumer's guardian and/or authorized representative must be informed of his or her responsibility regarding services. These responsibilities include the following:

1. To the best of their knowledge, provide accurate and complete information about present conditions, complaints, previous services and/or other information relating to his/her situation.
2. The responsibility to clarify a contemplated course of action and what is expected of them.

3. The responsibility for following the treatment or service plan recommended by the primary worker or clinical specialist responsible for his or her care and for following the division's policies and procedures affecting consumer care and conduct.
4. The responsibility for their actions if treatment is refused or if the service or treatment plan is not followed.
5. The responsibility for being considerate of the rights of others, including his/her personal behavior.
6. The responsibility for being respectful of the property of other persons and of the division's property.
7. The responsibility of refraining from verbal and/or physical abusive conduct toward caseworker, case manager, social worker, service provider or personnel.
8. The responsibility for notifying the primary worker of any change in address, telephone number, demographic, and/or geographical information
9. Maintaining scheduled appointments, arriving on time, and/or contacting the primary workerr to reschedule appointments

Contact Information: If you have any questions about your case, or regarding this document, please call your primary worker or the supervisor. Telephone numbers are listed below.

Name		Contact Number
NDSS Primary Worker		
Supervisor		
Director		
Division Director		928-871-6556

By signing this form, I acknowledge that I read it, that it has been discussed with me, I have had the opportunity to ask any questions to clarify this CONSUMER RIGHTS AND RESPONSIBILITY FORM, I understand it and I have been given a copy of this document.

Consumer's signature _____

DATE

Assigned Worker signature/Title _____ Date: _____

Copy: file



THE
NAVAJO NATION
DIVISION OF SOCIAL SERVICES

INCOME VERIFICATION

Applicant: _____ Social Security Number: _____

Address: _____

* * * * *

Dear Sir/Madam:

The Navajo Nation Division of Social Services as part of certifying the applicant for service is verifying their income. We will hold the information given in strict confidence for use only in determining the applicant's certification status.

Please complete and return the form to the address provided by the worker, we appreciate your prompt return of the information.

Case Manager _____ Date: _____

* * * * *

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REGARDING MY INCOME TO THE DIVISION OF SOCIAL SERVICES FOR USE IN DETERMINING CERTIFICATION OF MY APPLICATION WITH THE DIVISION.

_____ Date: _____

APPLICANT'S SIGNATURE

* * * * *

TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER ONLY and return within ten business days

Employee Job Title: _____ Employment Dates: From _____ To _____

Type of employment: Temp Permanent Part Time Contract

Employee's Salary and Compensation:

Gross Rate (per hour) \$ _____ (per annum) \$ _____

Contract Agreement (per annum) \$ _____

Unemployment Compensation (per annum) \$ _____

Other Income _____ (per annum) \$ _____

TOTAL (per annum) \$ _____

ALL INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Name (Print): _____ Employer: _____

Title: _____ Telephone: _____

Date: _____ Address: _____

Signature: _____



THE
NAVAJO NATION
DIVISION OF SOCIAL SERVICES

VERIFICATION OF RESIDENCY FOR SOCIAL SERVICES

TO : WHOM IT MAY CONCERN:

FROM : _____
Division of Social Services
Regional Office

RE : CONSUMER: _____

This is an authorization for release of information concerning my residency and enrollment in the following Chapter of the Navajo Nation: _____

I hereby give my consent through my signature for the Chapter to release residency information to the Division Social Services.

Signature of Consumer Authorization

Date

Verification that the person/family named above is/are residents of _____ Chapter by checking the appropriate box below.

- a. / / The person/family is a current resident of this Chapter.
- b. / / The person/family is not a resident of this Chapter.
- c. / / The person/family residency cannot be verified.

Other information: Give written directions to residence:

CERTIFICATION: I certify the information is true and correct.

Signature

Title

Applicant Name: _____ NDSS Worker _____

Date of Map: _____ Program: _____

Please draw us a map of where you live or where we can find you. In case we need to contact you for important reason.

N

W

E

S

Applicant's Signature

Date



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Child & Family Services

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THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

Navajo Children & Family Service

P.O. Box 769, St. Michaels, Arizona 86511

CASE PLANNING FOR CHILD WELFARE SERVICES

Child's Name:

Case Name:

Worker:

Age & Date of Birth:

Date Case Opened:

Date of Plan:

1A. PERMANENCY GOAL:

☐ REMAIN WITH FAMILY

☐ GUARDIANSHIP

☐ EMANCIPATION

☐ INDEPENDENT LIVING

☐ RETURN TO FAMILY

☐ ADOPTION

☐ LONG TERM FOSTER CARE

☐ OTHER

1B. FAMILY INTERVENTION PLAN:

OUTCOMES:

1.

2.

3.

INDICATE THE TASKS THAT STILL NEED TO BE ACCOMPLISHED TO ACHIEVE OR WORK TOWARDS THE OUTCOMES IDENTIFIED IN THE INVESTIGATIVE SUMMARY:

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

1C. CHILD'S SAFETY PLAN: IS THE CHILD AT HOME RIGHT NOW?

☐ Yes, the child can remain in the home safely with the following or additional support services (Specify below and continue with 1F).

☐ No, the child can return home safely at this time with additional services (Specify below and skip to 1F).

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

☐ No, there are no available services or supports that can ensure the child's safety at home right now (continue with 1D).

1D. OUT-OF-HOME CARE PLAN: DATE OF INITIATIAL OUT-OF-HOME PLACEMENT: 00-00-00

WHERE IS CHILD'S CURRENT PLACEMENT(↓)?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> unlicensed non-relative | <input type="checkbox"/> therapeutic foster care | <input type="checkbox"/> residential treatment center | <input type="checkbox"/> independent living |
| <input type="checkbox"/> unlicensed relative home | <input type="checkbox"/> specialized foster care | <input type="checkbox"/> inpatient hospitalization | <input type="checkbox"/> Pre-Adoptive Placement |
| <input type="checkbox"/> licensed relative home | <input type="checkbox"/> group home | <input type="checkbox"/> Emergency shelter care | <input type="checkbox"/> Juvenile Detention Center |

IS THE CHILD PLACED WITH RELATIVES?

☐ ☒ No (If not, what efforts have been made to identify relatives who can meet the child's needs?)
IN THIS CURRENT PLACEMENT, THE CHILD IS:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | In close proximity to the parent's home |
| <input type="checkbox"/> | <input type="checkbox"/> | In the least restrictive placement that will meet his/her needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is child able to attend school in his/her previous school district? |
| <input type="checkbox"/> | <input type="checkbox"/> | With caretakers who are of the same ethnic/cultural background |
| <input type="checkbox"/> | <input type="checkbox"/> | With siblings who are in out of home care? |
| <input type="checkbox"/> | <input type="checkbox"/> | With caretakers who can communicate in the child's language. |
| <input type="checkbox"/> | <input type="checkbox"/> | With caretaker's who can address any special needs detailed below. |
| <input type="checkbox"/> | <input type="checkbox"/> | On reservation Specify where: |

IF THE ANSWER TO ANY OF THE ABOVE IS NO, PLEASE EXPLAIN.

DESCRIBE THE CHILD'S EDUCATIONAL STATUS AND ANY SPECIAL NEEDS (INCLUDE THE CHILD'S SCHOOL NAME AND GRADE).

DESCRIBE THE CHILD'S HEALTH STATUS AND ANY SPECIAL MEDICAL NEEDS.

DESCRIBE ANY OTHER SPECIAL NEEDS OR REQUIREMENTS.

IDENTIFY THE PLAN FOR ADDRESSING ANY NEEDS, CONCERNS OR REQUIREMENTS DESCRIBED ABOVE (↓):

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

WHAT SUPPORT DOES THE CARE PROVIDER NEED IN ORDER TO CONTINUE PROVIDING CARE FOR THIS CHILD (↓):

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

1E. VISITATION PLAN:

Family Member's Name	Relationship	How Often How Long	Where	Supervised By	Unsupervised	Transportation	Phone Contact

SPECIAL CONDITIONS: SEE VISITATION PLANS FOR SPECIFICS:

CHANGES TO THE VISITATION PLAN THAT CAN BE MADE WITHOUT DSS AUTHORIZATION:

DSS CONTACT WITH THE CHILD (↓):

Name	Title	How Long How often	Where	Comments

1F. FAMILY AND SERVICE TEAM INVOLVEMENT IN PLANNING:

- ☐ I understand the Initial Case Plan.
- ☐ I understand that this plan will be in effect from 00-00-0000 to 00-00-0000 unless it is jointly modified.
- ☐ I understand that all case information is not to be released or discussed with anyone except as allowed by law.

INVITED TO STAFFING:

Case Plan Participants	Present Yes/No	Relationship	Agree/ Disagree	Date	Signature

- ☐ I understand the Visitation Plan and have received a copy of "Visitation Guidelines for Parents".
- ☐ I understand that if I do not comply with this case plan, DSS may consider the following next course of action.

DATE OF NEXT STAFFING:

DATE OF COURT REVIEW:

DATE OF FOSTER CARE REVIEW:

Parent/Guardian Date

Case Manager Date

Parent/Guardian Date

Supervisor Date

VISITATION PLAN:

Visitation with your child may occur routinely; unless it is determined that contact is detrimental to the child. You and your case manager will jointly develop a Visitation Agreement.

- ☐ The purpose of the visit is for you and your child to enjoy each other and maintain contact with each other.
- ☐ The first visit is usually held at the DSS office for an hour. You and your case manager will need to work out specific instructions and information regarding visitation dates and times.
- ☐ Only the parents and siblings are permitted to attend the first visit. If you wish to have others present at subsequent visitations, you will need to make a request to your case manager.
- ☐ Expect the first visit to be supervised by your case manager who will be present to assure the visit is carried out properly.
- ☐ Assist in arranging enjoyable activities and explain Visitation Guidelines. Most visitations go very well and both the child and the parent look forward to them.
- ☐ Certain subjects should be discussed with the case manager, therapist or attorney and not with your child. If you have a question about how to discuss something with your child, you and the case manager can step outside the room to discuss it.

YOU MAY NOT:

- ☐ Interrogate, threaten, or harass your child.
- ☐ Criticize your child or others, such as your spouse or ex-spouse, other family members, parent, case manager or therapist during the visit.
- ☐ Ask the child for information regarding the other parent, other parent's spouse/boyfriend/girlfriend, foster home or school location, etc.
- ☐ Discuss your case, case manager, therapist court or other involved parties.
- ☐ Say things that make the child sad, guilty, or sorry for you.
- ☐ Use vulgar language.
- ☐ Bring knives, guns, or other dangerous instruments to the visitation.

REASONS FOR STOPPING VISITATIONS MAY INCLUDE ANY OF THE FOLLOWING:

- ☐ Any of the behaviors listed above
- ☐ Failing to follow the Visitation Guidelines provided by the case manager.
- ☐ Coming to the visitation in an intoxicated or "high" condition or smelling of alcohol.
- ☐ Creating a scene, (becoming angry, yelling, or screaming) which upsets the child.
- ☐ Failing to regularly attend your visitations at the scheduled day and time.

YOUR SPECIFIC GUIDELINES FOR VISITATIONS ARE:

Parent: _____ Parent: _____ Case Manager: _____

Date: _____ Date: _____ Date: _____



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

CASE PLANNING UPDATE FOR CHILD WELFARE SERVICES

Child's Name:

Case Name:

Worker:

Age & Date of Birth:

Date Case Opened:

Date of Plan:

1a PERMANENCY GOAL:

- ☐ REMAIN WITH FAMILY ☐ GUARDIANSHIP ☐ EMANCIPATION ☐ INDEPENDENT LIVING
☐ RETURN TO FAMILY ☐ ADOPTION ☐ LONG TERM FOSTER CARE ☐ OTHER

2A. FAMILY INTERVENTION PLAN:

Indicate the tasks that still need to be accomplished to achieve the outcomes identified in the previous case plan that are necessitated by a change in permanency goal (outcome not achieved from last case plan)

OUTCOMES:

- 1.
- 2.
- 3.

INDICATE THE TASKS THAT STILL NEED TO BE ACCOMPLISHED TO ACHIEVE OR WORK TOWARDS THE OUTCOMES IDENTIFIED IN THE INVESTIGATIVE SUMMARY:

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

2B. CHILD'S SAFETY PLAN: IS THE CHILD AT HOME RIGHT NOW?

- ☐ Yes, the child can remain in the home safely with the following or additional support services (Specify below and continue with 1F).
☐ No, the child can return home safely at this time with additional services (Specify below and skip to 1F).

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

☐ No, there are no available services or supports that can ensure the child's safety at home right now (continue with 1D).

2C. OUT-OF-HOME CARE PLAN: DATE OF INITIAL OUT-OF-HOME PLACEMENT: **00-00-00**

WHERE IS CHILD'S CURRENT PLACEMENT?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> unlicensed non-relative | <input type="checkbox"/> therapeutic foster care | <input type="checkbox"/> residential treatment center | <input type="checkbox"/> independent living |
| <input type="checkbox"/> unlicensed relative home | <input type="checkbox"/> specialized foster care | <input type="checkbox"/> inpatient hospitalization | <input type="checkbox"/> Pre-Adoptive Placement |
| <input type="checkbox"/> licensed relative home | <input type="checkbox"/> group home | <input type="checkbox"/> Emergency shelter care | <input type="checkbox"/> Juvenile Detention Center |

IS THE CHILD PLACED WITH RELATIVES?

☒ No (If not, what efforts have been made to identify relatives who can meet the child's needs?)

IN THIS CURRENT PLACEMENT, THE CHILD IS:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | In close proximity to the parent's home |
| <input type="checkbox"/> | <input type="checkbox"/> | In the least restrictive placement that will meet his/her needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is child able to attend school in his/her previous school district? |
| <input type="checkbox"/> | <input type="checkbox"/> | With caretakers who are of the same ethnic/cultural background |
| <input type="checkbox"/> | <input type="checkbox"/> | With siblings who are in out of home care? |
| <input type="checkbox"/> | <input type="checkbox"/> | With caretakers who can communicate in the child's language. |
| <input type="checkbox"/> | <input type="checkbox"/> | With caretaker's who can address any special needs detailed below. |
| <input type="checkbox"/> | <input type="checkbox"/> | On reservation Specify where: |

IF THE ANSWER TO ANY OF THE ABOVE IS NO, PLEASE EXPLAIN.

DESCRIBE THE CHILD'S EDUCATIONAL STATUS AND ANY SPECIAL NEEDS (INCLUDE THE CHILD'S SCHOOL NAME AND GRADE).

DESCRIBE THE CHILD'S HEALTH STATUS AND ANY SPECIAL MEDICAL NEEDS.

DESCRIBE ANY OTHER SPECIAL NEEDS OR REQUIREMENTS.

Did the previous plan for addressing the child's needs or special requirement produce the desired outcome? ☐ Yes ☐ No ☐ Partial ☐ None Identified

WHAT SERVICES MUST BE CONTINUED OR NEW APPROACHES TRIED TO ADDRESS THE CHILD'S NEEDS WHILE IN OUT OF HOME CARE?:

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

DID THE PREVIOUS PLAN FOR ADDRESSING THE CARE PROVIDER'S NEEDS OR SPECIAL REQUIREMENTS PRODUCE ☐ Yes ☐ no ☐ partial ☐ none indetified

WHAT SERVICES MUST CONTINUE OR NEW APPROACHES TO ADDRESS PROVIDERS NEEDS?

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

2D. VISITATION PLAN:

	Have individuals indicated in the previous plan visited as specified in the plan?		
Name			
Yes			
No			
Partial			

IF NO OR PARTIAL, WHAT HAVE BEEN THE BARRIERS TO VISITING?

WHAT CAN BE DONE TO OVERCOME THESE BARRIERS IN THE NEXT PERIOD?

IDENTIFY THE VISITATION PLAN FOR THE CURRENT PLANNING PERIOD. PROVIDE A COPY OF THE VISITATION PLAN FORM.

Responsible Party	Task (Things to do)	Outcome #	Target Date	Date Completed

☐ CHANGES THAT CAN BE MADE IN VISITATION PLAN WITHOUT DSS AUTHORIZATION.

☐ IF AUTHORIZED VISITORS ARE TO VISIT LESS THAN IN PREVIOUS PERIOD, EXPLAIN ON VISITATION PLAN FORM.

DSS CONTACT WITH THE CHILD.

Name	Title	How Long How often	Where	Comments

2E. FAMILY AND SERVICE TEAM INVOLVEMENT IN PLANNING:

☐ I understand the Revised Case Plan.

☐ I understand that this plan will be in effect from 00-00-0000 to 00-00-0000 unless it is jointly modified.

☐ I understand that all case information is not to be released or discussed with anyone except as allowed by law.

☐ I understand the Visitation Plan and have received a copy of "Visitation Guidelines for Parents".

☐ I understand that if I do not comply with this case plan, DSS may consider the following next course of action.

DATE OF NEXT STAFFING:

DATE OF COURT REVIEW:

DATE OF FOSTER CARE REVIEW:

Child if age appropriate Date

Parent/Guardian Date

Case Manager Date

Parent/Guardian Date

Supervisor Date

INVITED TO STAFFING:

Case Plan Participants	Present Yes/No	Relationship	Agree/ Disagree	Date	Signature

VISITATION PLAN:

Visitation with your child may occur routinely; unless it is determined that contact is detrimental to the child. You and your case manager will jointly develop a Visitation Agreement.

- ☐ The purpose of the visit is for you and your child to enjoy each other and maintain contact with each other.
- ☐ The first visit is usually held at the DSS office for an hour. You and your case manager will need to work out specific instructions and information regarding visitation dates and times.
- ☐ Only the parents and siblings are permitted to attend the first visit. If you wish to have others present at subsequent visitations, you will need to make a request to your case manager.
- ☐ Expect the first visit to be supervised by your case manager who will be present to assure the visit is carried out properly.
- ☐ Assist in arranging enjoyable activities and explain Visitation Guidelines. Most visitations go very well and both the child and the parent look forward to them.
- ☐ Certain subjects should be discussed with the case manager, therapist or attorney and not with your child. If you have a question about how to discuss something with your child, you and the case manager can step outside the room to discuss it.

YOU MAY NOT:

- ☐ Interrogate, threaten, or harass your child.
- ☐ Criticize your child or others, such as your spouse or ex-spouse, other family members, parent, case manager or therapist during the visit.
- ☐ Ask the child for information regarding the other parent, other parent's spouse/boyfriend/girlfriend, foster home or school location, etc.
- ☐ Discuss your case, case manager, therapist court or other involved parties.
- ☐ Say things that make the child sad, guilty, or sorry for you.
- ☐ Use vulgar language.
- ☐ Bring knives, guns, or other dangerous instruments to the visitation.

REASONS FOR STOPPING VISITATIONS MAY INCLUDE ANY OF THE FOLLOWING:

- ☐ Any of the behaviors listed above
- ☐ Failing to follow the Visitation Guidelines provided by the case manager.
- ☐ Coming to the visitation in an intoxicated or "high" condition or smelling of alcohol.
- ☐ Creating a scene, (becoming angry, yelling, or screaming) which upsets the child.
- ☐ Failing to regularly attend your visitations at the scheduled day and time.

YOUR SPECIFIC GUIDELINES FOR VISITATIONS ARE:

Parent: _____ Parent: _____ Case Manager: _____

Date: _____ Date: _____ Date: _____

NCFAS

North Carolina Family Assessment Scale

Version 2.0

Household#:	Date Initial Assessment Completed / /
Worker:	Date Case Closure Assessment Completed / /
	Family Name

Introduction

Each of the following scales is used to determine how a family is functioning. They also may be important to the level of imminent risk of out-of-home placement for this family in the context of family strengths and problems. For each scale, rate its influence as a strength or problem for the family along a 6-point continuum, using the following schema: +2 = Clear Strength, +1 = Mild Strength, 0 = Baseline/Adequate, -1 = Mild Problem, -2 = Moderate Problem and 3 = Serious Problem. To rate each scale, circle the appropriate number. "F" represents the rating given at intake, and "C" represents the rating at service or case closure. The "overall" ratings (the ones in the shaded areas) should indicate your overall, composite, rating in each of the five domains. The subscales represent areas of interest relating to the domain under which they appear (e.g., Housing Stability appears under domain A. Environment). The reliability and validity study of the NCFAS revealed that it is essential to rate each of the subscales before rating the overall domain scale. Use the definitions in the Definitions Manual to the NCFAS (Version 2.0 or higher) to make your ratings.

Complete each of the ratings within 60 days of opening the case on CWEST (IA) and again within 1 -2 weeks of service or case closure (C).

Many questions and issues of concern to practitioners are addressed in the User's Guide to the NCFAS (Version 2.0). Please also see the User's Guide for a discussion of the development and use of the Scale. The psychometric properties (reliability and validity) of the scale are also discussed in the User's Guide.

1

NCFAS: North Carolina Family Assessment Scale, Version 2.0, Kirk, R. S., and Reed Ashcraft, K. 06/98 This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Laleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special acknowledgments are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Meezan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997. (*) Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

A. Environment

1. Overall environment Clear S Mild S Baseline A Mild P Moderate Serious P

		(IA) +2	+1	0	-1	P.	-3
		(C) +2	+1	0	-1	-2	-3
						-2	
		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
2. Housing stability	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Safety in the community	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Habitability of housing	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Income/employment	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
6. Financial management	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
7. Food and nutrition	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
8. Personal hygiene	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
9. Transportation	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
10. Learning environment	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3

2

NCFAS: North Carolina Family Assessment Scale, Version 2.0, Kirk, R. S., and Reed Ashcraft, K. 06/98 This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Laleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special acknowledgments are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Meezan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997. (*) Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

B. Parental Capabilities

Note: This section refers to biological parent(s), if present, or current caregiver(s)

1. Overall parental capabilities		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
	(IA)	+2	+1	0	-1	P.	-3
	(C)	+2	+1	0	-1	-2	-3
						-2	
2. Supervision of child(ren)		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Disciplinary practices							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Provision of developmental/ enrichment opportunities							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Parent(s)'/caregiver(s)' Mental health							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
6. Parent(s)'/caregiver(s)' Physical health							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
7. Parent(s)'/caregiver(s)' Use of drugs/alcohol							
	(IA)	+2	+1	0	-1	-2	-3 NA
	(C)	+2	+1	0	-1	-2	-3 NA

3

NCFAS: North Carolina Family Assessment Scale, Version 2.0, Kirk, R. S., and Reed Ashcraft, K., 06/98 This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Laleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special acknowledgments are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Meezan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997. (*) Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

C. Family Interaction

Note: This section refers to family members living in the same or different households

1. Overall family interactions		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
	(IA)	+2	+1	0	-1	P.	-3
	(C)	+2	+1	0	-1	-2	-3
						-2	
2. Bonding with child(ren)		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Expectations of the child(ren)							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Mutual support within the family							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Relationship between parents/caregivers							
	(IA)	+2	+1	0	-1	-2	-3 NA
	(C)	+2	+1	0	-1	-2	-3 NA

D. Family Safety

Note: This section refers to family members living in the same or difference households.

1. Overall family safety		Clear S	Mild S	Baseline A	Mild P	Moderate P.	Serious P
	(IA)	+2	+1	0	-1		-3
	(C)	+2	+1	0	-1	-2	-3
						-2	
2. Absence/presence of physical abuse of child(ren)		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Absence/presence of sexual abuse of child(ren)							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Absence/presence of emotional abuse of child(ren)							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Absence/presence of neglect of child(ren)							
	(IA)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
6. Absence/presence of violence between parents/caregivers							
	(IA)	+2	+1	0	-1	-2	-3 NA
	(C)	+2	+1	0	-1	-2	-3 NA

E. Child Well Being

Note: This section pertains to the Imminent risk child(ren)

1.	Overall child well being		Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
		(IA)	+2	+1	0	-1	P.	-3
		(C)	+2	+1	0	-1	-2	-3
			Clear S	Mild S	Baseline A	Mild P	Moderate	Serious P
2.	Child(ren) mental health	(IA)	+2	+1	0	-1	-2	-3
		(C)	+2	+1	0	-1	-2	-3
3.	Child(ren)'s behavior	(IA)	+2	+1	0	-1	-2	-3
		(C)	+2	+1	0	-1	-2	-3
4.	School performance	(IA)	+2	+1	0	-1	-2	-3 NA
		(C)	+2	+1	0	-1	-2	-3 NA
5.	Relationship with parent(s)/caregiver(s)	(IA)	+2	+1	0	-1	-2	-3
		(C)	+2	+1	0	-1	-2	-3
6.	Relationship with sibling(s)	(IA)	+2	+1	0	-1	-2	-3 NA
		(C)	+2	+1	0	-1	-2	-3 NA
7.	Relationship with peers	(IA)	+2	+1	0	-1	-2	-3 NA
		(C)	+2	+1	0	-1	-2	-3 NA
8.	Cooperation/motivation to maintain the family	(IA)	+2	+1	0	-1	-2	-3
		(C)	+2	+1	0	-1	-2	-3

completed in the Fall of 1997. (*) Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

NCFAS-R

North Carolina Family Assessment Scale for Reunification

Version: R 2.0

IPPS System IS#:	Date Initial Assessment Completed / /
IPPS Worker:	Date Case Closure Assessment Completed / /
	Family Name

Introduction

This Instrument comprises 7 domains relating to family functioning. Each of the domains includes sub-scales to use to assess how a family is functioning. The results of the assessment may be important to determining the risk of out-of-home placement or successful reunification

for the assessed family. For each sub~scale, rate its Influence as a strength or problem for the family along a 6-point continuum, using the following schema: +2 = Clear Strength, +1 = Mild Strength, 0 = Baseline/Adequate, -1 = Mild Problem, -2 = Moderate Problem, and -3 = Serious Problem. To rate each scale, circle the appropriate number. "I" represents the rating given at

Intake or at the beginning of the case, and "C" represents the rating at service or case closure. The "overall" ratings (the ones in the shaded areas) should indicate your overall, composite rating in each of the seven domains. The subscales represent areas of Interest relating to the domain under which they appear (e.g., Housing Stability appears under domain A. Environment). The overall domain ratings should not be the arithmetic average of the sub-scales, but rather should be your Informed, subjective rating of the family based on information gathered to make the sub-scale ratings. The reliability and validity studies have shown that it is essential to rate each of the subscales before making the overall domain rating. Use the definitions in the Definitions Manual to the NCFAS-R (Version 2.0 or higher) to assist you when making your ratings.

Complete the intake (I) ratings as soon as sufficient information is available to make thorough and accurate ratings (suggested within 2 to 3 weeks of beginning case activities), and make the closure (C) ratings within 1-2 weeks of completion of Intensive reunification services.

1

The NCFAS-R is a modification of the NCFAS (North Carolina Family Assessment Scale) and is intended for use by family preservation services providers working with reunification cases. Modifications were made by R.S. Kirk, in collaboration with the National Family Preservation Network (NFPN). Funding provided to NFPN for the modification project came from the David and Lucile Packard Foundation. The original NCFAS was developed by R. S. Kirk and K. Ashcraft. The NCFAS is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special acknowledgments are due to Sandy Sladen and Judith Nelson at the

Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezan. Domain specifications for the original NCFAS were based on the work of Meezan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997. The NCFAS-R, Version R2.0, is based upon reliability and validity testing conducted during 2000-2001. R&V testing is ongoing. (*) See User's Guide to the NCFAS, Version 2.0, for additional information on scale construction and psychometrics.

A. Environment

1.	Overall Environment					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: housing stability, safety in the community, housing habitability, income/employment, financial management, food and nutrition, personal hygiene, transportation, and learning environment.		Refers to family experiencing minimal problems in the following areas: housing stability, safety in the city, housing habitat, income/employ., finan. mgmt food & nutrition, personal hygiene, transport., & learning envt. However, problems do not interfere in family's ability to function, & problems do not need to be addressed.			Refers to family receiving very low ratings in the following areas: housing stability, safety in the community, housing habitability, income/employment, financial management, food and nutrition, personal hygiene, transportation, and learning environment

2.	Housing stability					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family occupying the same, adequate residence for more than three years, if less than three years, move is prompted by a job change or move to better housing, etc. Rent/mortgage is paid on time. There are no problems meeting financial obligations of rent or mortgage		Refers to family experiencing or previously experiencing minor problems in remaining in the same residence, but family is relatively capable of meeting financial obligations, present housing is not threatened, and family members are not inhibited in pursuing other obligations due to these problems.			Refers to family being threatened with eviction. Unable to meet rent or mortgage obligations on time, or at all. Or, family does not have housing, is living with different relatives or friends, or living in a homeless shelter. Family is not satisfied with living situation.

3.	Safety in the Community					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to a safe and secure neighborhood for the children. Caregivers can allow children to play outside without fear. Neighbors look out for each other (i.e., neighborhood "watch.")		Refers to minor disturbances in the neighborhood, but disturbances do not prevent family members and children from spending time outside in the community.			Refers to many disturbances such as fights and/or outbursts in the neighborhood. The neighborhood is not safe for children to play outdoors or walk to the bus or to school Evidence of violence, "boarded up" or barred windows, gun fire, the use of alcohol or drugs, and/or drug "trafficking" in the neighborhood. Neighbors fearful of "getting involved."

4.	Habitability of Housing					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family and neighbors experiencing home as "warm." Home is very clean and neat. Plenty of space and privacy for children. Plenty of furnishings in good repair. Safety precautions are considered and taken, such as the use of smoke alarms and dead bolts on outside doors. Poisonous items are kept locked and out of children's reach. Plumbing is in good condition.		Refers to minimal problems in the home, such as slight overcrowding, or some clutter. However, most safety precautions are taken (e.g., poisons are out of sight but not locked). Minor house repairs (e.g., crumbling plaster) may be evident, but do not require immediate attention.			Refers to unsanitary situations, including roaches, Sitter, clutter, and/or unpleasant odors present in the home. Food particles and/or rotting food on the counters and tables. Urine-soaked or stained furniture, dirty diapers, dirty dishes, overflowing garbage, and/or animal or human feces on the floor. Hesitance to sit down or enter the home. Nonfunctioning plumbing, and/or no electricity. Many hazards within the reach of children, such as guns, knives, street drugs, or open medication and poisons.

5.	Income/Employment					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family having stable employment and income over the past 12 months. More than enough income to pay for food, housing, and/or clothing. Money is not an issue. Family has money to meet responsibilities and spend on leisure activities.		Refers to family having relatively stable employ, in the past12mos. Income is sufficient in meeting basic needs, such as food, rent, and clothing. There are some money pressures, such as credit card debt, but they do not significantly inhibit family activities or present purchase of necessities.			Refers to family losing employ, for "negative" reasons 2 or more times in the past 12 mo. & inability to pay for food, housing &/or clothing. Family receives public assist., and/or primary caregivers are unemployed. Money is a major issue. Child support is not paid. Public assist, has been canceled. Family does not have money to meet basic needs.

6.	Financial Management					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family using money in a way that provides benefits financially, and family has clear spending plans or priorities. Debts are small and manageable. There is a planned use of money, and no back bills. Family is good at bargain hunting.		Refers to family having debts, but debts are under control. Some problems with budgeting, but problems do not prevent family from meeting basic needs for food, rent, etc.			Refers to family being severely in debt. Family has a history within the past year of being evicted from their home due to bills. Great difficulty paying bills, and/or bills are paid late. Chaotic budgeting, and family is constantly in crisis over money. Frequently broke, due to betting or gambling. No budget plan. Luxuries are bought before necessities.

7.	Food and Nutrition					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' awareness of nutritional needs of children, including any special needs. Meets those needs. Prepares balanced, nutritious meals. Ample food available. Children eat on a regular schedule. Food/nutrition actively "monitored" by caregivers.		Family meets basic nutritional needs. Children have access to sufficient and varied food, though individual meals may not always be "balanced."			Refers to caregivers' lack of awareness of nutritional needs of children, including any special needs. Does not attempt to meet nutritional needs. Does not consider food preparation important. Inadequate supply of food, and/or inappropriate food. Lots of "junk" food consumed. Children often go hungry.

8.	Personal Hygiene					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to children looking clean and well groomed. Children have plenty of clothing, appropriate to the season. Adults look clean and well-groomed. Adults have plenty of clothing appropriate to the season. Awareness of personal hygiene and grooming. Take pride in themselves.		Refers to children occasionally wearing inappropriate clothing or appearing unkempt. However, appearance or inappropriate clothing is not causing problems for the family or children.			Refers to constant appearance of children as unkempt or dirty. Appearance of adults as unkempt. Noticeable poor personal hygiene, obviously poor dental hygiene, and/or body odor. Lack of awareness of children or adults of personal hygiene and grooming. Dress is inappropriate to the season.

9.	Transportation					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family having a car, or regular access to a car or public transportation. Reliable transportation allows family to meet obligations such as doctors' visits, school, or regular work attendance.		Refers to family having fairly regular access to reliable transportation. Occasionally, transportation difficulties will cause a problem for family (e.g., arriving late to work because of difficulties).			Refers to family not having transportation available which in turn, inhibits work, increases social isolation, and/or limits access to services, and/or prevents regular school attendance.

10.	Learning Environment					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' enthusiasm in teaching children. Family has routine for play and study. Time is planned for reading, attending outings, structured activities. Caregivers' actively involved with school, and assist children with developmental tasks. Age appropriate games and toys <i>are</i> provided, and evident in the home (e.g. school work is displayed). Caregivers are supportive of school personnel.		Refers to caregivers' occasionally planning time for learning activities. Caregivers do not actively seek out constant involvement with child's school, but make time available as requested.			Refers to caregivers' lack of attention or hindrance to developmental tasks of children, and low involvement with children's school. Caregivers do not value education, and are frustrated and angered with children's learning needs. No opportunities for learning at home. Games and toys absent and/or are not age appropriate. Caregivers are not supportive of school personnel, or are disdainful of public schools/teachers.

B. Parental Capabilities*

Note: This section refers to biological parent(s), if present, or current caregiver(s)

1.	Overall parental capabilities					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: supervision of children, disciplinary practices, provision of develop./enrichment opportunities, parent(s)/caregiver(s)' mental health, parent(s)/caregiver(s)' physical health, and parent(s)/caregiver(s)' use of drugs/alcohol.		Refers to family experiencing some problems in the following areas: supervision of children, disciplinary practices, provision of develop./enrichment opportunities, parent(s)/caregiver(s)' mental health, parent(s)/caregiver(s)' physical health, and parent(s)/caregiver(s)' use of drugs/alcohol. However, problems do not pose major difficulties for family members.			Refers to family receiving very low ratings in the following areas: supervision of children, disciplinary practices, provision of develop./enrichment opportunities, parent(s)/caregiver(s)' mental health, parent(s)/caregiver(s)' physical health, and parent(s)/caregiver(s)' use of drugs/alcohol.

2.	Supervision of Children					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' provision of age appropriate supervision, such as setting limits for activities based on the child's age. Caregiver is careful and attentive to child's needs in selecting substitute caregivers (baby-sitter, neighbor). Makes sure children feel comfortable and safe w/ substitute caregiver. Keeps track of children and knows children's friends.		Refers to caregiver providing satisfactory supervision of children. Some limits are set on activities based on the child's age. Some consideration given to selecting substitute caregivers, and some concern with children's comfort w/ the substitute caregiver. Has a basic knowledge of location of children, and has a basic knowledge of children's friends.			Refers to caregivers' lack of age appropriate supervision, or any supervision. Limits on activities of children are not set or set inconsistently. Little or no consideration given to selecting substitute caregivers (strangers, known abusers, persons under the influence of drugs, alcohol). No thought about children's comfort and feeling of security w/ substitute caregiver. Children's friends are not known, and location of children is not regularly known.

3.	Disciplinary Practices					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' ability to provide age-appropriate, non-punitive, consistent discipline. Uses positive reinforcement, and tries to educate children through appropriate discipline. Presents good role model, Caregivers agree on parenting style and support one another.		Refers to caregivers' adequate provision of discipline and guidance of children. Occasionally discipline is inappropriate to age, too harsh or too lenient, but inconsistencies do not create major problems between child and caregivers.			Refers to caregivers' lack of discipline, or past or current emotional or physical abuse referred to as discipline. Discipline is excessive, punitive, inappropriate to age, inconsistent, and/or absent. Present poor role models. Caregivers disagree on parenting strategies and present mixed messages to child.

4.	Provision of development/enrichment opportunities					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregiver(s)' encouragement of opportunities such as sports, music lessons, &/or visits to museums & parks. Caregivers do not "push" children to be involved. Caregivers are actively involved providing transportation, coaching teams, and/or participating in advisory boards.		Refers to caregivers(s)' support of opportunities for children such as sports, music lessons, &/or field trips, but caregivers are not actively involved or are involved sporadically in supporting these activities.			Refers to caregiver(s)' lack of support or over-involvement in opportunities for children such as sports, music lessons, &/or field trips. Caregivers do not encourage or discourage children's involvement in these activities. Conversely, caregivers "push" children to not only be involved but excel in activities, and are demanding regarding their children's progress.

5.	Parent(s')/caregiver(s') mental health					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers current (e.g., positive self esteem) mental health which positively affects ability to parent and/or successful resolution of past mental health problems (e.g. using success from overcoming issues to bolster parenting).		Refers to caregivers' current or past mental health (e.g. mild depression) which occasionally inhibits caregiver, but does not significantly hinder the caregiver's ability to parent			Refers to caregivers' current and/or past mental health problems (e.g., severe depression, bipolar disorder, active psychosis, etc.) that negatively affect ability to parent children. Caregiver projects personal problems on children or other household members

6.	Parent(s')/caregiver(s') physical health					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' current (e.g., caregivers' exercise regimen, etc.) or past medical or health history that positively affects ability to parent children.		Refers to caregivers' current or past medical or health history which provides some limits (e.g., overweight caregiver), but does not pose major obstacles in parenting abilities.			Refers to caregivers' current or past medical or health history which is not under control and greatly impair ability to parent. (Issues can range from severe asthma, diabetes, blindness, heart problems, high blood pressure, cancer, etc.)

7.	Parent(s')/caregiver(s') use of drugs/alcohol					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' current or past use of drugs/alcohol. Caregiver does not use drugs/alcohol, or uses alcohol appropriately. Caregiver does not use illegal drugs, and actively discourages children's use of drugs/alcohol. Caregivers' moderate or non-use does not impair ability to parent.		Refers to caregivers' current or past use of drugs/alcohol; mostly uses alcohol appropriately. Use of drugs/alcohol does not significantly hinder the caregivers' ability to supervise or parent children.			Refers to caregivers' current and/or past alcohol/substance abuse problems that negatively affect ability to parent children. Caregivers' are frequently unable to care for or supervise children due to use of drugs/alcohol. Caregiver projects personal problems on children or other household members.

C. Family Interactions

Note: This section refers to family members living in the same or different households

1.	Overall family interactions					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: bonding w/ child, commun. w/ child, marital relationship, expectations of the child, & mutual support.		Refers to family receiving ratings of adequate in the following areas: bonding w/child, communication w/ child, marital relationship, expectations of the child, and mutual support.			Refers to family receiving very low ratings in the following areas: bonding w/ child, communication w/ child, marital relationship, expectations of the child, and mutual support.

2.	Bonding with children					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' healthy closeness with their child, and their ability to nurture a child. Caregivers encourage approp. independ. for child, & give love and attention freely to child. They respond to child's needs appropriately, and have a sense of attachment to child.		Refers to caregivers' ability to be close to their child. Caregivers do not openly encourage independence for their child, and may not give affection openly to child. However, child's needs appear to be met			Refers to caregivers' inability to form a close relationship with their child, and inability to nurture their child. Caregivers are resentful, rejecting, or detached from their child. Also refers to caregivers' non-responsiveness, inappropriate responsiveness, or extreme enmeshment with their child.

3.	Expectations of the child(ren)					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to caregivers' possessing age appropriate expectations for the child, and clear expectations of the child. Above average understanding of child's development cognitively, physically, socially, and emotionally.		Refers to caregivers' expectations for the child as mostly age-appropriate. Caregivers appear to have an average understanding of child's developmental needs, but this understanding does not warrant intervention.			Refers to caregivers' having unrealistic and unclear expectations for the child. Do not tolerate mistakes in the child. Child is expected to take on adult responsibilities (i.e., "parentified"). Or, child is not allowed to engage in age-appropriate behaviors (e.g. sports, dating). Little or inappropriate understanding of normal child development;

4	Mutual support within the family					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to excellent emot &/or "physical" support w/n family. "Physical" support is given when needed, such as providing day care, transport., or finan. help. Family members appear to help each other willingly.		Refers to good support within the family, some physical support is provided when requested by a family member. Most requests for help from family members are met by other family members.			Refers to poor or lack of emotional support or "physical" support among family members. Family does not provide transportation, day care, or financial assistance when needed. Undermining of each other in the family. Family members do not tolerate success by other family members.

5.	Relationship between parents/caregivers*					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to relationship between caregivers as stable, consistent, affectionate, and loving. Couple is able to communicate clearly and encourage each other. Couple maintains a "separateness" from children		Refers to relationship between caregivers. Some conflicts are evident, but do not appear to be leading to divorce, separation, or abandonment. Some minor difficulties with communication but do not significantly impair the relationship.			Refers to relationship between caregivers as unsupportive and unstable. Major communication difficulties with evidence of discord, violence, or indifference. Divorce, separation, or abandonment are prominent issues. Boundaries are not clearly maintained between partners, or between the couple and children.

*NOTE: this item may not be applicable in all cases. This would be the case if there were only one care giver involved, and there is no significant other. If this is the case, circle NA on the form.

D. Family Safety

Note: this section refers to family members living in the same or different households.

1.	Overall family safety					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to families receiving very high marks in the following areas: absence/presence of physical abuse of children, absence/presence of sexual abuse of children, absence/presence of neglect of children, and absence/presence of domestic violence between parents/caregivers.		Refers to families receiving baseline ratings in the following areas: absence/presence of physical abuse of children; absence/presence of sexual abuse of children; absence/presence of neglect of children, and absence/presence of domestic violence between parents/caregivers,			Refers to families receiving very negative marks in the following areas: absence/presence of physical abuse of children; absence/presence of sexual abuse of children; absence/presence of neglect of children, and absence/presence of domestic violence between parents/caregivers.

2.	Absence/presence of physical abuse of child(ren)					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to families in which incid./complaints/substantiations have never occurred, or has occurred & family successfully been involved in counseling. Caregivers do not condone violence.		Refers to families in which physical abuse has not occurred, or in which complaints/incidents/substantiations of abuse by caregivers has occurred, but satisfactory progress is being made through counseling or the provision of other services.			Refers to incidents/complaints/substantiations of physical abuse by caregivers which have not been acknowledged or addressed, or have been resolved; unsatisfactorily. Caregivers may be actively denying substantiated abuse and/or neglect, or actively resisting intervention.

3.	Absence/presence of sexual abuse of child(ren)					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child who has never experienced sexual abuse, and who has learned about such concepts as "good" and "bad" touch. Or, a child who has experienced sexual abuse, and is now being "protected." Child is in treatment, and has been making excellent progress.		Refers to child who has never experienced sexual abuse, but has not been actively taught concepts such as "good" or "bad" touch. Or, a child who has been sexually abused, but is making satisfactory progress in treatment.			Refers to child having experienced sexual abuse by others, or child sexually abused others. Maybe inferred or substantiated. Child has been referred for treatment or is in treatment. A judgment is made regarding unsatisfactory progress in treatment. Sexual abuse is ongoing, or risk of sexual abuse is high.

4. Absence/presence of emotional abuse of child(ren)						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child who has never been emotionally abused, and who exhibits secure feelings, and possesses a sense of self-worth. Or, a child who has experienced emotional abuse, and is making excellent progress in treatment.		Refers to child who has never been emotionally abused. Child basically exhibits secure feelings or self-esteem. Or, a child who has been emotionally abused, but is in treatment and is progressing satisfactorily.			Refers to child having been emotionally abused by others. Child has been referred for treatment or is in treatment. Treatment is judged to be progressing unsatisfactorily. Incidents of emotional abuse have increased, are ongoing, or risk is high.

5. Absence/presence of neglect of child(ren)						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to families in which incidents/complaints/substantiations of neglect have never occurred, or have occurred & outstanding progress in counseling is made for the family. Caregivers recognize and are successful in meeting children's physical, social, and emotional needs.		Refers to families in incidents/complaints/substantiations of neglect have never occurred, or have occurred but some progress in counseling is made for the family.. Caregivers usually recognize physical, social, and emotional needs of children and meet most of these needs.			Refers to Incidents, complaints & substantiations of child neglect by caregivers which have not been acknowledged or addressed, or have been resolved unsatisfactorily. Caregivers may be actively denying substantiated neglect, or actively resisting intervention.

6. Absence/presence of domestic violence between parents/caregivers*						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems "nonviolently." Also refers to families in which domestic violence has occurred, but no longer occurs due to family's success in counseling, and family actively discourages violence.		Refers to families in which domestic violence has occurred, but no longer occurs. Family is involved in counseling and making some progress. Also, families in which violence has never occurred. Disputes occur, and family members solve problems without violence.			Refers to incidents/complaints/arrests for domestic violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children.

*NOTE: the item may not be applicable in all cases. This would be true if there were only one caregiver involved, and there is no significant other. If this is the case circle NA on the form.

E. Child Well-Being

Note: This section pertains to the imminent risk child(ren).

1.	Overall child well-being					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to family receiving very high ratings in the following areas: child's physical health, child's mental health, child's behavior, school perform., relationship w/ caregivers, relationship w/ siblings, relationship w/peers, & motivat./ cooperat. & no ratings in: alcohol/substance, sexual, and emotional abuse areas.		Refers to family receiving adequate ratings in all of the areas: child's physical health, child's mental health, child's behavior, school performance, relationship w/ caregivers, relationship w/ siblings, relationship w/ peers, motivation/cooperation, alcohol/substance, sexual, and emotional abuse.			Refers to family receiving very low ratings in the following areas: child's physical health, child's mental health, child's behavior, school performance, relationship w/ caregivers, relationship w/ siblings, relationship w/ peers, motivation/cooperation, alcohol/substance abuse, sexual abuse, and emotional abuse.

2.	Child(ren)'s mental health					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child's over all, excell. m. health. Good emot. stability & self concept. Able to handle stress effectively. Child may have mental health issues, but participates in txmt, taking medical, & is making excellent progress.		Refers to child's having good, overall mental health. Basically good emotional stability. Child may have had episodes of anxiety. Or, child may have some mental health issues that are being addressed satisfactorily in treatment.			Refers to child's having poor, overall mental health. Emotional difficulties. Inability to handle stress. Diagnosed w/ mental illness, and/or other emotional disabilities. Child is making unsatisfactory progress in treatment. Treatment is sporadic, and/or medication is not taken regularly.

3.	Child(ren)'s behavior					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child being well behaved, and there are no discipline problems. Child viewed as cooperative, following rules, and doing chores.		Refers to some problems in managing child's behavior, and some discipline problems. Child is usually cooperative, has some difficulties in following rules or completing chores, but problems do not merit intervention.			Refers to problems managing child's behavior <i>at home</i> , and/or in school. Totally uncooperative. Refuses to follow rules, or do chores. Delinquent and/or highly opposition behaviors. Problems w/ courts and law enforcement.

4.	School performance					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child having excellent attend, at school, & an excellent academic record. Child likes school, &/or behaves appropriately in school.		Refers to child having good attendance and an average academic record. Some behavior problems may be evident in school.			Refers to child having poor attendance at school, a poor academic record, and/or many behavior problems to hate school, and/or avoids school w/ illnesses or truancy.

NOTE: this item may not be applicable in all cases. This would be true if the child is not of school age. If this is the case, circle NA on the form.

5.	Relationship with parent(s)/caregiver(s)					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child accepting discipline and supervision. Having open and clear communication w/ caregivers.		Refers to child having some problems in accepting discipline and supervision. Also, some problems in communication w/ caregivers, but doesn't warrant intervention.			Refers to discipline and supervision problems w/ child. Lack of open and clear communication w/ caregivers. Does not respect boundaries, and has an abusive or hostile relationship w/caregivers.

6.	Relationship with sibling(s)					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to getting along well w/ siblings. Help one another when in need. Infrequent fights or problems. Siblings can play together.		Refers to getting along for the most part w/ siblings. Some fights occur among siblings, and siblings do not play together frequently. Problems among siblings do not merit special attention.			Refers to frequent fights and inability to get along w/ siblings. No support to or from siblings. Intense rivalry, conflict, and/or scape-goating of siblings. Fights may result in injury, or other behavior may result in emotional damage to siblings.

NOTE: this item may not be applicable in all cases. This would be true if there are not siblings in the family. If this is the case, circle NA on the form.

7.	Relationship with peers					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child having peers as friends, and peer group appears to be a positive influence. Gets along well with peers. Has frequent interactions. May play team sports, or participate in other school or church related clubs or groups.		Refers to child having a few peers as friends. Peers do not appear to exhibit much of a positive or negative influence on the child.			Refers to child's inability to form friendships w/ peers, or inability to get along well w/ peers. Child may have frequent fights with peers or avoid peers. Also, child may have peers as friends, but peer group appears to be a negative influence, including gangs, or peers involved w/ drugs, alcohol, and/or delinquent/criminal activities.

NOTE: this item may not be applicable in all cases. This would be true if there were no peers, due to the child. If this is the case, circle NA on the form.

8.	Cooperation/motivation to maintain the family					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Refers to child being interested in staying w/ family/caregivers. Child is motivated to change behaviors and cooperate.		Refers to child's interest in staying w/ family/caregivers. Child is not observably motivated to change behaviors and cooperate, but child will accept interventions or services.			Refers to child's lack of interest in staying w/ family/caregivers. Child is not motivated to change behaviors and does not want to cooperate. Child is against any intervention or services or child has strong desire to leave family for self-serving reasons.

F. Caregiver/Child Ambivalence

1.	Overall Caregiver/Child Ambivalence					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Both child(ren) and caregiver(s) are eager to reunite, as evidenced by both verbal and behavioral expression of desire to be together. Family receives mild to clear strength rating on the items in this domain: Parent/Caregiver Ambivalence Towards Child, Child Ambivalence Towards Parent/Caregiver, Ambivalence Exhibited by Substitute Care Provider, Disrupted Attachment, Pre-Reunification Home Visitations.		Both child(ren) and caregiver(s) say they want to be together; one or both may be apprehensive or nervous about reunion, but that apprehension is determined to be due to uncertainty about capability rather than competition for affection, substantive inability to parent, or significant unresolved treatment issues. Some mild problems may be present on the items comprising this domain, but family is working to resolve those issues.			Child(ren) and/or caregiver(s) express serious reservations about being together, either due to fear of future harm, strong negative affect by one or both parties towards the other, previous history of removal of this or other child(ren), and or prior failed reunification efforts. Generally problematic or some strongly negative ratings on the items comprising this domain: Parent/Caregiver Ambivalence Towards Child, Child Ambivalence Towards Parent/Caregiver, Ambivalence Exhibited by Substitute Care Provider, Disrupted Attachment, Pre-Reunification Home Visitations

2.	Caregiver/Child Ambivalence towards Child					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Caregiver responds appropriately to child, both verbally and non-verbally. Caregiver receptive and responsive to services designed to support reunification by bringing the caregiver and child closer together; is willing to attend to child's needs before their own. Caregiver acknowledges and accepts responsibility for role in family difficulties leading to removal.		Caregiver generally responds appropriately to child, but may harbor some resentment or occasional feeling of intrusion or excessive demands by child. Caregiver accepts some responsibility for family difficulties leading to removal and is making progress in this area. Generally positive feelings towards child, but may need ongoing support or additional services after reunification.			Caregiver purposefully abused/neglected child in the past; expresses disaffection towards child; associates negative feelings towards child with negative feelings towards child's other caregiver; originally requested removal of child. Caregiver claims not to understand child, fails to respond to child appropriately or responds very inappropriately; expresses disillusionment with child, feels anger or a sense of violence towards child, and/or resents child's interference with caregiver's own life. Caregiver blames child for family difficulties leading up to removal; caregiver has refused to respond to services intended to achieve reunification.

3. Child Ambivalence towards Parent/Caregiver						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Child is very comfortable in presence of caregiver; expresses love for caregiver. Child responds appropriately to caregiver affect, expressions of love, and exercising of caregiver responsibilities (limit setting, discipline). As appropriate to age, child exhibits a desire to live with caregiver; acknowledges and accepts any responsibility child had for family difficulties leading to removal; has responded to and engaged in treatment or services intended to effect reunification.		Child is generally comfortable in caregivers presence, but may respond fearfully or withdraw if caregiver becomes angry or if family tensions arise. Generally responds appropriately to caregiver affect, but may resist caregiver limit setting or discipline. Does not always acknowledge caregiver authority or responsibility. Child expresses a desire to be with caregiver, but expresses some reservations about caregivers desire to be with child. Child is somewhat conflicted by desire to return home, leaving behind feelings of security or comfort afforded during period of substitute care.			Child is fearful of caregiver. Child experienced serious physical or emotional harm prior to removal and holds caregiver responsible (verbally or behaviorally). As appropriate to age, child verbally or otherwise expresses fear, mistrust, anger or feelings of violence towards caregiver; feels that caregivers limits are too strict, is embarrassed by caregiver; states that he/she will not stay with caregiver to work out problems that may arise in the future.

4. Ambivalence Exhibited by Substitute Care Provider						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Substitute care provider has always expected reunification to occur; supports reunification philosophically; is willing to work with and/or be a resource for caregiver to achieve successful reunification.		Substitute care provider understands policy on reunification, but has bonded with child and is experiencing feelings of separation/loss. As age appropriate, child feels or behaves with reciprocity. Substitute care provider expresses some reservations about caregiver's ability to adequately care for child, but is willing to give caregiver a fair chance at resuming roll as caregiver.			Substitute care provider opposes reunification; threatens or has taken legal steps to block reunification; strongly views caregiver as flawed or unworthy of return of child; has provided/promoted different socio-economic environment (e.g., food, clothing, play items, recreation) for child and uses that difference to sabotage reunification efforts. Substitute care provider has denigrated caregiver to child, actively expressed view of caregiver's inability to resume parental/caregiver role.

5.	Disrupted Attachment					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Both caregiver and child long to resume intimate family relationship. As age appropriate, each acknowledges the strengths and limitations of the other, and is willing/eager to resume relationship with accommodation to limitations.		Child and/or caregiver acknowledge that separation has been painful and have worked/are working to repair relationship. Relationship reparations includes counseling or other treatment regarding development and age-appropriate expectations, to effect reconnection between child and caregiver.			Child or caregiver or both express marked feelings of lost attachment to the other. Period of separation has been very long, and/or child was removed at very young age and has developed/aged/bonded in relation to persons other than the caregiver. Child is at a markedly different stage of development (particularly for older children) than when removal from caregiver occurred. Caregiver may have had another child or joined another family unit and has transferred affection/attention to other persons.

6.	Pre-Reunification Home Visitations					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Both caregiver and child (as age appropriate) exhibit positive anticipation of home visits. Caregiver plans activities or special time together with child, and executes those plans. Home visitations have progressed well in terms of increasing frequency and duration and decreasing necessary supervision. Visitations are incident-free; child and caregiver express sadness/sorrow that visitation period ends.		Caregiver and child (as age appropriate) are working out issues and re-establishing roles during home visitations. Some minor incidents may arise, but caregiver discusses them with service provider and uses them as opportunity to learn more and prepare for next visit. Child and/or caregiver complete visits with minor reservations about longer term reunification, but continue to work to resolve differences or issues.			Caregiver has not participated satisfactorily in scheduled home visits; has missed visits, failed to supervise child adequately during visits; has requested early termination of visits, has allowed family issues to escalate into incidents of high tension or even suspected abuse/neglect of child. Child has requested early termination of visits, has refused to stay with caregiver, has reported maltreatment (substantiated or not) at hands of caregiver during visitations.

G. Readiness for Reunification

1. Overall Readiness for Reunification						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Family has made substantial progress on practical/logistical/legal issues since removal, and is ready to have child returned permanently. Family generally receives mild-to clear-strength ratings on the items associated with this domain: Resolution of Significant CPS Risk Factors; Completion of Case Service Plans; Resolution of Legal Issues; Parent/Caregiver Understanding of Child Treatment Needs; Established Back-Up Supports and/or Service Plans		Family has made some progress on practical/logistical/legal issues, and is moving in the right direction. Some issues may remain, but are not viewed as sufficiently serious to prevent reunification. Additional services may be necessary to continue progress on outstanding or unresolved issues. Some mild problem ratings may be evident on domain items, but family is making progress on those items.			Family clearly not ready for return of child due to family chaos, unsatisfactory or high-risk living situations or dangerous or illegal family lifestyles. Little or no progress made on the issues leading to removal; Family embroiled in contests with the law and with authority figures in general. Family receives numerous problem ratings on items in this domain,

2. Resolution of Significant CPS Risk Factors						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Caregiver has addressed "pre-potent" needs of family (transportation, housing, employment, income, supervision, etc). If appropriate, perpetrator has been removed from family by remaining caregiver. Caregiver has reconstructed living environment to afford protection and care of child.		Caregiver has made substantial progress towards resolution of risk factors that led to removal. Some issues remain unresolved, but improved, and progress continues to be made. Caregiver acknowledges and accepts responsibility for continued work on those issues.			Caregiver has maintained destructive, abusive, or inappropriate relationships with other adults (or perpetrator) or has established new such relationship(s) in child absence. Caregiver has failed to address pre-potent needs that place family under extreme stress or threat of legal intervention such as continued use of drugs, alcohol, or engaging in prostitution, or criminal lifestyle, etc).

3. Completion of Case Services Plans						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Caregiver has successfully completed required services and/or voluntary services (esp. alcohol/drug abuse, anger management crisis management, communication) and has demonstrated newly acquired skills/ abilities. Caregiver appears gratified by new skills/abilities, and appears to have internalized change. Caregiver is approachable and receptive to the idea of ongoing		Caregiver has completed required services at least to the <i>extent</i> required by court order or authoritative service plan. Caregiver can verbalize knowledge about skills/behaviors/abilities, but has not necessarily demonstrated same. Caregiver may deny having needed some of the offered services, but acknowledges benefits of some of the services.			Caregiver strongly denies need for services, is oppositional to receipt of services, has failed to participate meaningfully or complete required services. Caregiver repeatedly exhibits behaviors that were the focus of service plan, and/or flaunts non-compliance to service providers or others in authority. Caregiver blames others, including service providers, "the system," adult partner(s) or child for problems

	services, and is eager or willing to participate.					and in defense of non-participation.
4. Resolution of Legal Issues						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Caregiver has pursued legal remedies or accepted legal services to resolve specific issues of a legal nature, including obtaining domestic violence restraining order, resolving legal charges resulting from abuse/neglect allegations. If appropriate, paternity has been established and child support is being provided. Other legal/criminal difficulties being experienced by caregiver that may affect future ability to parent or provide care have been resolved (e.g. pending eviction, pending criminal court cases).		Caregiver is engaged in process of resolving legal issues that may affect ability to provide steady competent care. Some issues are still not completely resolved, but caregiver is engaged in the process of resolution, with appropriate and realistic expectations. Caregiver is not resistant to receiving legal assistance when it is necessary. None of the unresolved issues is likely to cause family chaos or removal or caregiver is unsuccessfully resolved.			In spite of restraining order, caregiver continues to maintain destructive or dangerous relationship with other adult(s); caregiver has chosen to legally oppose authority in spite of low probability of "winning" and is expending energy on losing legal conflicts rather than expending energy on becoming a more competent, caring caregiver. Caregiver has serious legal charges pending that may result in incarceration or other serious impediment to future caregiving.

5. Parent/Caregiver Understanding of Child Treatment Needs						
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Caregiver has completed education or counseling on child-centered issues and understands what to expect from child, as age appropriate, including possible different developmental stage of child than prior to removal (e.g., puberty). If child has cognitive or developmental disabilities, caregiver knows what to expect and has service plans in place to help child develop. If child is coming out of institution or closed treatment facility, caregiver is aware of and supportive of treatment goals and is prepared to support future treatment.		Caregiver is fairly knowledgeable of treatment provided to child during period of out-of-home care, and seems to understand treatment goals. Caregiver may not understand completely the potential future treatment needs of child but professes to support future treatment if needed. Caregiver may not fully understand cognitive/developmental disabilities of child, but is willing to accept outside assistance, if needed. Caregiver may not fully understand medication regimen, but is willing to administer medication and to allow child to have access to ongoing psychological services.			Caregiver blames child for cognitive or developmental disabilities, hold child responsible for progress that may not be attainable. Caregiver views normal child developmental processes as deliberately oppositional to caregiver authority or lack of respect. Caregiver unwilling to engage in discussion of child's experiences in institutional or closed facility care, and expects child to return "fixed" or cured. Caregiver denies need for or opposes medications or ongoing psychological or medical services.

Note: this sub-scale may also be used to assess Child's knowledge of Parent's treatment needs. Though less common, a child may be being returned to a family in which one or more caregivers have ongoing treatment needs, and the child's understanding and cooperation, if not participation, may be important to successful reunification. To use the sub-scale to assess "Child's Understanding of Caregiver's Treatment Needs" simply substitute "child" and "caregiver" in the text of the definitions.

6.	Established Back-up Supports and/or Service Plans					
	Clear Strength	Mild S	Baseline/Adequate	Mild P	Moderate P	Serious Problem
I	+2	+1	0	-1	-2	-3
C	+2	+1	0	-1	-2	-3
	Caregiver has established plans and back-up plans for supervision of child, for accessing emergency family services, for respite if needed. Caregiver has plans for accessing social services, mental health services or law enforcement, if needed. Friends and family are available for social/emotional support. Plans and mechanisms are in place to provide health care, education and age-appropriate socialization of child.		Caregiver has some plans in place to provide basic supervision of child or to access services on emergency basis. Caregiver has minimum social/family support. Caregiver does not oppose health, education or socialization efforts on child behalf, but is fairly passive, relying on external sources such as school system and emergency medical care.			Caregiver has constructed no plans or ineffective plans for child care and supervision. Caregiver opposes outside provision of services (e.g., refuses to respond to requests by school for parent meeting). Caregiver remains oppositional with regard to publicly provided social services, mental health services, and psychological services and has not engaged those services for post-reunification support. Caregiver remains estranged from family and/or remains socially isolated and therefore without social or emotional support should a crisis or need for assistance arise.

Substance abuse Treatment

Name:

Mental health counseling

Substance Abuse counseling

Parenting classes

Spiritual counseling

Substance abuse Treatment

CHILDREN'S BACKGROUND (description on each child in the family)

Prenatal, Birth, and early development

EDUCATIONAL HISTORY

Preschool

Elementary

Mid School

High School

Social development

Cultural influences

Medical/physical problems

Primary health provider

Sexuality development

Drug and Alcohol Abuse

Abuse/neglect history

Psychiatric history

Mental status (appearance)

Movement (motor activity)

Speech

Affect/mood

Thought Content

Cognitive Functions

Reality contact

Other

PARENT'S HISTORY

Mother's Family Description

Family constellation, names of parents, siblings

Birthplace

Significant features of family background i.e. clan

Marital relationship

Schools Attended

Work/Vocational History

Most recent job

Usual job

Father's Family Description

Family constellation, names of parents, siblings

Birthplace

Significant features of family background i.e. clan

Marital relationship

Schools Attended

Work/Vocational History

Most recent job

Usual job

CURRENT HEALTH

RESOURCES AND INCOME

Family financial status

FAMILY DYNAMICS

Extended family members/relatives

Family Spiritual involvement

Alcohol and Drug Abuse

Environmental problems

FAMILY STRENGTHS

SOCIAL WORKER OBSERVATION AND ASSESSMENT

TENTATIVE DSM-IV DIAGNOSIS

Axis I

(Clinical syndromes; conditions, not attributable to mental disorder)

Axis II

(Personality disorders, specific development disorders)

Axis III

Physical disorders and conditions

Axis IV

(Severity of Psychosocial Stressors)

Axis V: Current GAF

GAF – past year

RECOMMENDATIONS:

Signature Social Worker Date

Signature Supervisor Date



THE
NAVAJO
NATION

SOCIAL SUMMARY ADDENDA

(DATE)

(All information should be from the date of the last report and not a duplicate of the report)

DATE OF LAST SOCIAL SUMMARY:

IDENTIFYING INFORMATION:

A. CHILDREN	CENSUS #	DOB
B. NATURAL PARENT		
C. GUARDIAN		

Mailing Address:	Phone #:	Residence:
a.		
b.		
c.		

PRESENTING PROBLEM

CURRENT PLACEMENT OF THE CHILDREN

Name:	Provider's Name/Address	Relationship	Date placed
-------	-------------------------	--------------	-------------

LEGAL STATUS

PREVIOUS TREATMENT SERVICES

(Include counseling, self help, spiritual help etc)

Family's previous treatment	Provider's Name/Address	Date of service/referred	ongoing
Name:			
Mental health counseling			

Substance Abuse counseling
Parenting classes
Spiritual counseling
Substance abuse Treatment

Name:

Mental health counseling
Substance Abuse counseling
Parenting classes
Spiritual counseling
Substance abuse Treatment

CHILDREN'S STATUS FROM LAST REPORT (description on each child in the family)

Any additional children to include Prenatal, Birth, and early development, progress concerns, strengths of children from last report.

EDUCATIONAL HISTORY SINCE LAST REPORT

Preschool
Elementary
Mid School
High School
Social development
Cultural influences
Medical/physical problems
Primary health provider
Sexuality development
Drug and Alcohol Abuse
Abuse/neglect history
Psychiatric history
Mental status (appearance)
Movement (motor activity)
Speech
Affect/mood
Thought Content
Cognitive Functions
Reality contact
Other

PARENT'S CURRENT STATUS:

Mother's Family Description
Family constellation, names of parents, siblings
Marital relationship
Schools Attended
Work/Vocational History
Most recent job

Usual job

Father's Family Description
Marital relationship
Schools Attended
Work/Vocational History
Most recent job
Usual job

CURRENT HEALTH OF THE CHILD

RESOURCES AND INCOME Family financial status

FAMILY DYNAMICS

Extended family members/relatives
Family Spiritual involvement
Alcohol and Drug Abuse
Environmental problems

FAMILY STRENGTHS

SOCIAL WORKER OBSERVATION AND ASSESSMENT

DSM-IV DIAGNOSIS

Axis I
(Clinical syndromes; conditions, not attributable to mental disorder)
Axis II
(Personality disorders, specific development disorders)
Axis III
Physical disorders and conditions
Axis IV
(Severity of Psychosocial Stressors)
Axis V: Current GAF GAF – past year

RECOMMENDATIONS:

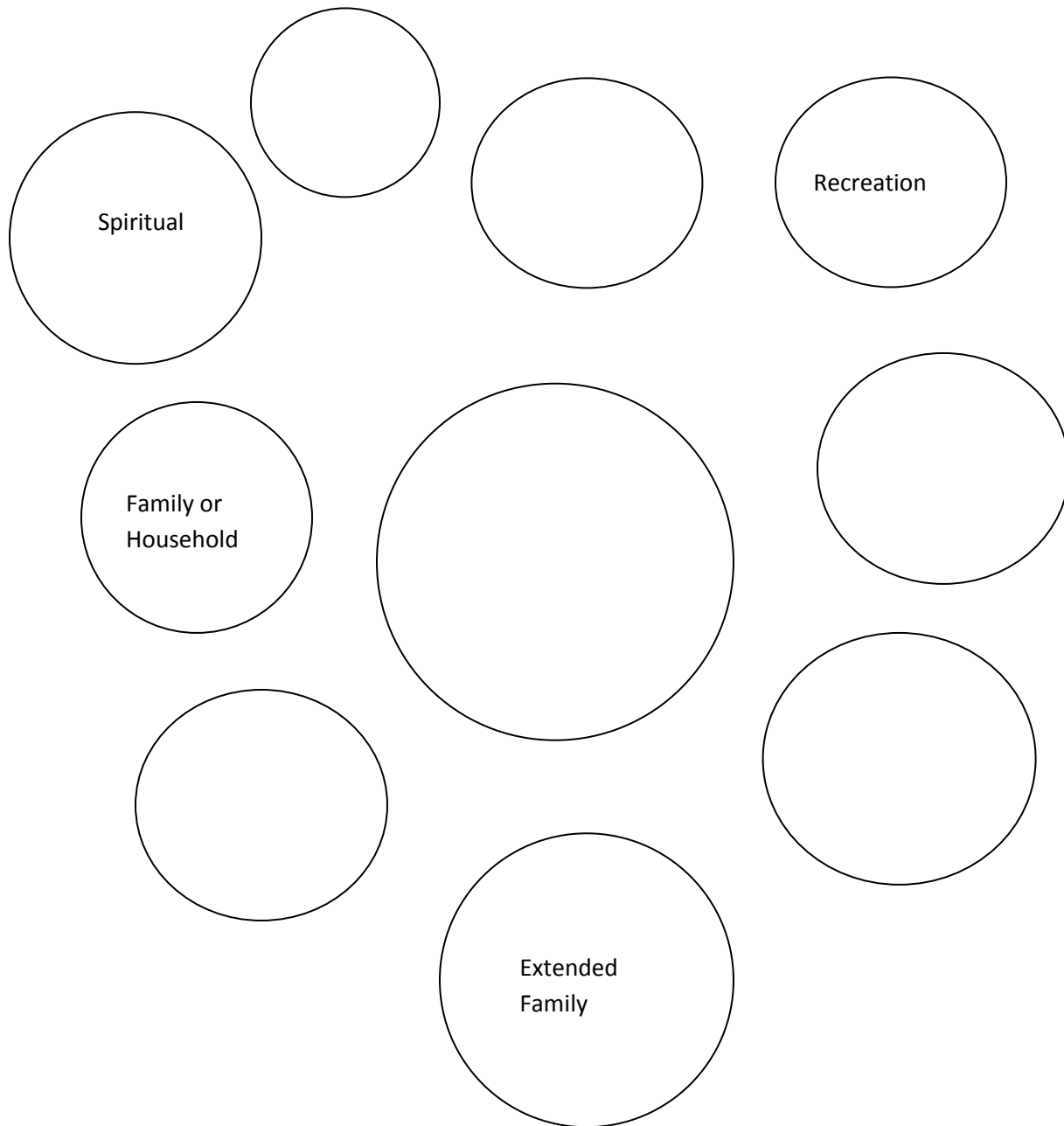
Signature Social Worker Date

Signature Supervisor Date

ECO –MAP

NAME _____

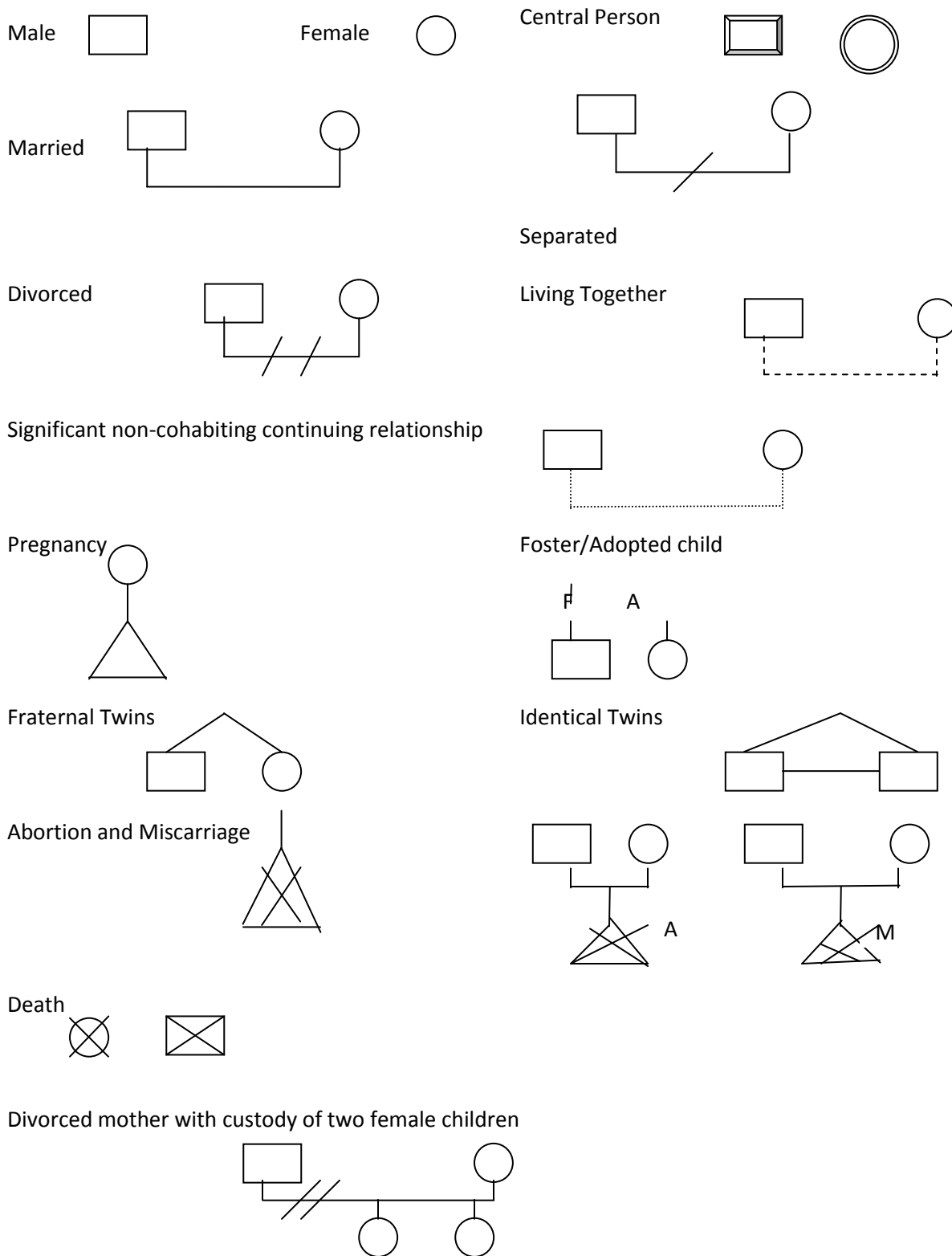
DATE: _____



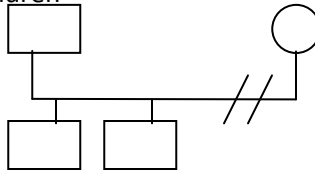
- Fill in connections where they exist
- Indicate nature of connections with a descriptive word or by drawing different kinds of lines. (_____) for strong (.....) for tenuous (/////////) for stressful
- Draw areas along lines to signify flow of energy, resources etc. (-----)
- Identify significant people and fill in empty circles as needed.

GENOGRAM SYMBOLS

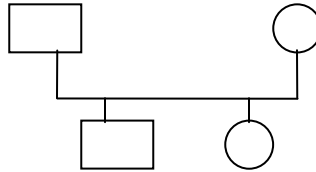
CONVENTIONS OF DIAGRAMING FAMILY STRUCTURE



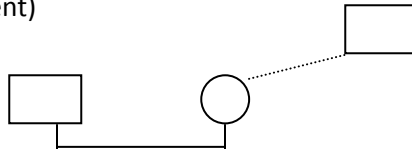
Divorced father with custody of two male children



Children out of the home



Wife having extramarital affair (current)

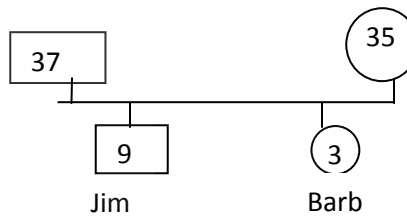


Woman having had significant non-cohabitation relationship between two marriages



GENERAL RULES

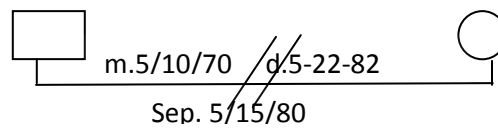
Put age inside and note date of birth
Put first name of each person



Put exact dates of marriage,

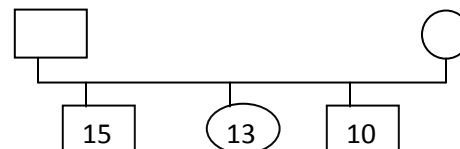
Divorce and

separation if different.



Put children in order of their birth –oldest at left,

Except in case of multiple marriages (below)

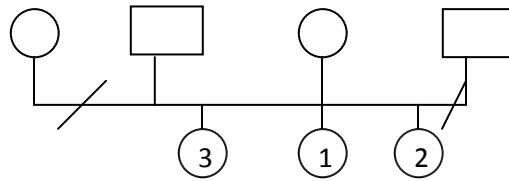


Examples:

2 spouses each previously married;

Wide had 2 children, husband had none; currently

couple has jointly one child.



Wife's 4 marriages

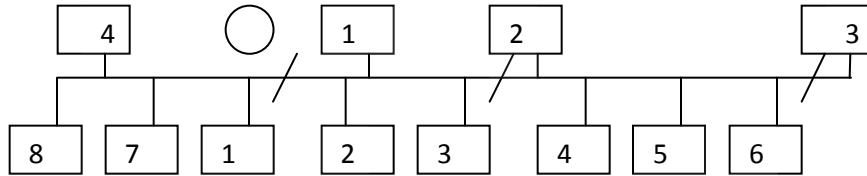
with:

2 children in first

1 child in second

3 children in third

2 children in fourth



DIAGRAMMING OF EMOTIONAL RELATIONSHIP

Intense relationship

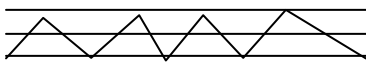
Close relationship

Conflictual relationship

Cut-off, estranged

Distance relationship

Intense/fused conflictual relationship



People within shape are within same household





NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Child & Family Court Services

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CHILD PLACEMENT INFORMATION
NAME OF CHILD _____

DATE OF PLACEMENT	WORKER #	PLACEMENT	DATE OF RELEASE	WORKER #



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

FOSTER CARE PLACEMENT REPORT

PART I: PLACEMENT INFORMATION

A. Identifying Data

Child's Name _____ D.O.B. _____
Mother's Name _____ Address _____

Father's Name _____ Address _____

Tribal Affiliation _____ Reason for Removal _____

School Information

Name of School _____ Address _____
Current Grade _____
Previous School Attended _____
Special Education Program(s) _____
Name of favorite teacher or counselor _____

Medical Information

Previous Health Provider(s) _____

Name of Doctor and/or Clinic _____
Hospital Chart No. _____ Immunization Records: Yes _____ No _____
Formula or Special Formula _____
Allergies _____ Present Medication(s) _____

D. Number of Previous Placements _____ Child's behavior in these placements _____

List child's known present problems _____

PART II: CONTACT PERSONS

B. In case of emergency, notify:

Name _____ Relation to Child _____
Office Telephone No. _____ Home Telephone No. _____
Name _____ Relation to Child _____

Office Telephone No. _____ Home Telephone No. _____
Name _____ Relation of Child _____
Office Telephone No. _____ Home Telephone No. _____

B. Visitation (Please Indicate)

Supervised _____ Unsupervised _____ Are phone Calls Allowed? Yes _____ No _____

Allowed visitors include:

_____ Biological Mother _____ Biological Father
_____ Siblings (specify) _____
_____ Relative(s) (specify) _____
_____ Friend(s) (specify) _____

Primary Social Worker date

PART III: PLACEMENT EVALUATION

To be completed by the provider at the end of the foster care placement. Please comment on each of the following area:

- A. Length of Placement: _____ days, _____ months, _____ years.
- B. Was child given a physical examination during placement? _____ Yes _____ No
If yes, by whom? Doctor _____ Hospital _____
Address _____ Telephone No. _____
- C. Describe present physical condition of child:
- D. Describe present emotional state of child:
- E. Describe both positive and negative behavior of child:
- F. Describe your observations, feelings or ideas about the child:

Primary Provider

SPECIAL RATE EVALUATION FOR FOSTER CHILD

Child's Name: _____ DOB: _____

SS#: _____ Current Placement: _____

Characteristics of the child	Regular	Special I	Special II
I. PHYSICAL/MEDICAL PROBLEMS & LIMITATIONS	<input type="checkbox"/> N/A	<input type="checkbox"/> One Mild/Moderate Impairment	<input type="checkbox"/> One or More Impairment or One severe Impairment
A. Visual, auditory, speech etc. impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Motor Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Chronic Illness or debilitating condition..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Developmental/Educational	N/A	Mild/Moderate	Severe
A. Delayed motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Delayed Speech, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Slow or delayed educational/vocational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Socially/emotionally immature for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Considered learning disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Considered emotionally handicapped in educational setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Behavioral description	Seldom	Occasional &/or Moderate	Consistent & or Severe
A. Violent, destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Delinquent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Self Abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Defiant, rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Run away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Inappropriate sexual acting out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Verbally Abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Emotionally abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Physically abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Stereotypical rigid behavior patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Bizarre, & or socially unacceptable behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Overly demanding attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Poor Peer relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Short Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Age Immaturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Emotional disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Poor Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Workers comments regarding characteristics of the child:

RESPONSIBILITIES OF FOSTER PARENTS

I. Care and Supervision

☐ Able to be left alone

☐ Special II

Needs Supervision of activities by an adult to avoid harming self and or regular supportive physical care beyond the norm for age.

☐ Needs constant supervision of activities by an adult to avoid harming self and or constant supportive physical care.

II. Extra Expense

☐ No documented expenses that cannot be met by regular schedule and clothing allowance

☐ Regular, moderate, extra expense involved in for child.

☐ Heavy extra expense involved in caring for child.

III. Extra Time

☐ No unusual time requirements

☐ Extra time regularly spent participating in counseling efforts specialized school programs, specialized techniques to aid child's development or remedial problems; making contact with other helping professionals.

☐ Extra time continually spent providing supportive physical care, assisting with school problems, learning special techniques for dealing with child carrying out physical therapy, etc. In home, making contact with other helping professionals.

Workers comments regarding the specialized training and supportive services, which will be provided for, the foster parents while they care for the child.

If a foster home is not available, would the child be placed in an institution?

Yes ☐ No ☐

WORKER'S CLASSIFICATION OF THE CHILD

Regular foster home ☐ Special I: Specialized Foster Care ☐ Special II: Treatment Foster Home

Worker's Signature/date

Supervisor Signature/date



THE
**NAVAJO
NATION**
DIVISION OF SOCIAL SERVICES ♦ FAMILY SERVICES UNIT

NAVAJO NATION

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IN THE FAMILY COURT OF THE

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NAVAJO NATION

.....Agency

)

Judicial District of

**Report of the Division of Social Services
Concerning Court Docket No.
(Date)**

IDENTIFYING DATA:

Subject Child

Census No

DOB:

Soc. Sec. No.

Natural Parents:

Father:

Address:

Residence:

Mother

Address

Residence

Other Siblings:

REASON FOR REPORT:

Preliminary hearing

CURRENT STATUS OF THE CHILD:

PLACEMENT OF THE CHILD:

INCOME OR ESTATE CONCERNED:

A. Current Source of Income of the Child:

B. Real or Personal Property:

C. Planned use for funds and/or property:

CURRENT STATUS OF THE NATURAL PARENTS:

INTERESTED RELATIVES:

Name:

Relationship:

Address:

Residence:

EVALUATION/ASSESSMENT:

Reasonable efforts have been made to reunite the child and family

OR

The plan for the child is not to return home.

RECOMMENDATION:

Continued placement in foster care is in the best interest of the child.

Prepared By:

Reviewed By:

XC: Presenting Officer
Case record
(Legal counsel)



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES ♦ FAMILY SERVICES UNIT

NAVAJO NATION)
)
.....Region) IN THE FAMILY COURT OF THE
 NAVAJO NATION
 Judicial District of

Report of the Division of Social Services
Concerning Court Docket No.
(Date)

IDENTIFYING DATA

Subject Child Census No DOB: Soc. Sec. No.

Natural Parents:

Father:

Address:

Residence:

Mother

Address

Residence

Other Siblings

REASON FOR REPORT:

Disposition Hearing

CURRENT PLACEMENT:

Foster home, with parents, relatives, RTC etc. Be specific on placement

THE CHILD:

Child's birth history and milestones

Other siblings to the child

Age and Physical health history

Appropriateness of behavior

General personality and behaviors e.g. hyperactivity, acting out, withdrawn etc.

School functioning

Physical health including disabilities

Developmental level e.g. language, motor skills, affect, etc.

Recent changes in behavior or functioning

Substance or alcohol abuse

Relationship with peers

Intelligence level

Attitudes toward parents e.g. fearful, protective etc.

INCOME OR ESTATE CONCERNED:

- A. Current Source of Income of the Child:
- B. Real or Personal Property:
- C. Planned use for funds and/or property:

THE NATURAL PARENTS:

Family constellation, names of parents, siblings
Birthplace
Significant features of family background i.e. clan
Childhood experiences: Level of nurturing, relationships with parents and siblings.
Educational background
Type of discipline as a child
Meaning of culture to their current views
Relationship with others (historically) are there meaning long term connections to others?
Employment record
Criminal background
Emotional stability over time
Physical health history

PARENTING ATTITUDES AND BEHAVIORS

Viewpoint and expectations
Knowledge of child development
Daily parenting approach
Comfort in parenting role
Primary caretaker
Use of outside childcare
Nurturing behaviors e.g. listening and talking to child, display of affection, attachment and bonding etc.
Knowledge of nutrition, appropriate medical care etc.

ENVIRONMENT:

Income
Housing; health and hygiene, safety
Neighborhood, safety crime violence,
Affiliation with church clubs, or other groups
Accessibility to resources and social support

RELATIONSHIP WITH OTHERS:

Extended family
Friends, neighbors, and others who may support the family.
Name of relationships, e.g. close, superficial
Boyfriend/girlfriend of single parents and role they have in the family
Extended family
Friends, neighbors and others who support the family

FAMILY FUNCTIONING

Roles and relationships among family members including marital and sexual relationships.
Methods and level of communication

Level of affection

Methods for dealing with conflict, problem solving, responding to stress.

Open versus closed family system

Power and control, family decision making

Nature of family, e.g. blended, single parent, birth of new child etc.

Family activities

Who performs family tasks, e.g. housekeeping, management of family finances, grocery shopping, cooking etc.

OTHER RELATIVES:

Name:

Relationship:

Address:

Residence:

RESPONSE TO AGENCY AND OTHER COMMUNITY PROFESSIONALS

Previous use of outside agencies and resources

Level of trust in professionals in general

Awareness of community resources

FAMILY STRENGTHS:

EVALUATION/ASSESSMENT:

RECOMMENDATION:

Reasonable efforts have been made to reunite the child and family

Or

The plan for the child is not to return home

Continued placement in foster care is in the best interest of the child

Prepared By:

Reviewed By:

Attachment: **Family Case Plan**

XC: Presenting Officer
Case record
(Legal counsel)



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)
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■ ■

350

The parents have not made sufficient efforts to comply with and cooperate in the treatment plan previously ordered by the Court, particularly in the area of ____.

The parents have completely complied in ____.

RESPONSE TO COMMUNITY RESOURCE REFERRALS

Referral was made to the following resources:

Progress and current status on treatment services:

Are other services needed to help the client achieve the case goals?

FAMILY STRENGTHS

OTHER RELATIVES INVOLVED FOR SUPPORT

Name:

Relationship:

Address:

Residence:

Identify how this relative provides support

EVALUATION/ASSESSMENT:

Should a new case plan be developed based on the progress?

What is the current level of risk of maltreatment?

Has the risk of maltreatment been reduced so significantly that the CPS case can be closed?

The Division has made a reasonable effort to return the children home and to implement the treatment plan previously ordered by the Court.

It is in the best interest of the children that they remain in the legal and physical custody of the Division of Social Services.

Reasonable efforts have been made to reunite the child and family.

RECOMMENDATION:

Continued placement in foster care is in the best interest of the child.

OR

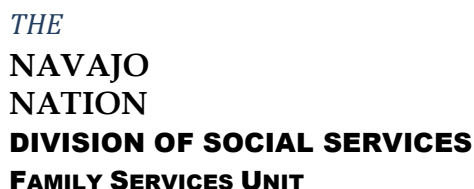
The plan for the child is not to return home.

Prepared By:

Reviewed By:

Attachment: **Family Case Plan**

XC: Presenting Officer
Case record
(Legal counsel)



**Report of the Division of Social Services
Concerning Court Docket No.
(Date)**

How children are treated in the home
Nature of discipline
Parenting style used
Parent childhood history
Is there a non-custodial parent? Whereabouts? Involvement with minor?
Civil/criminal history

STRESS

Examine presence of general stress; sources
Identify onset of crisis
Identify any child rearing related to stress
How does parent related to inquiry into stress?

ISOLATION

Identify presence of support
Identify social contact and activity
Any lost relationship
Loneliness

PERCEPTIONS OF IDENTIFIED MINOR

Why did parent want or have children
What is best/worst part of parenting
What has raising child been like
How does the parent manage and control the child
How much time does the parent spend with the child
What kind of activities does parent does with child
Parents emotional control
Are emotional responses reasonable and appropriate to situations
When emotions re displayed, is parent able to gain control
When emoting or communicating, does parent blurt out, seem over controlled, exaggerate, act over dramatic

HOME ENVIRONMENT:

Atmosphere and climate
State of home
Routine
Physical structure and setting
Specific child surrounding/setting

WHO IS IN THE HOME?

When, frequency, relationship, characteristics, qualities

FAMILY STRENGTHS AND NEEDS:

EVALUATION/ASSESSMENT:

RECOMMENDATION:

Prepared by: _____ date: _____

Reviewed by: _____ date: _____



**Report of the Division of Social Services
Concerning Court Docket No.
(Date)**

THE NATURAL FATHER :

Family constellation, names of parents, siblings

Birthplace

Significant features of family background i.e. clan

Childhood experiences: Level of nurturing, relationships with parents and siblings.

Educational background

Type of discipline as a child

Meaning of culture to their current views

Relationship with others (historically) are there meaning long term connections to others?

Employment record

Emotional stability over time

Physical health history

FATHER'S RELATIONSHIP WITH OTHERS:

Extended family

Friends, neighbors, and others who may support the family.

Name of relationships, e.g. close, superficial

Boyfriend/girlfriend of single parents and role they have in the family

Extended family

Friends, neighbors and others who support the family

ENVIRONMENT OF FATHER:

Income

Housing; health and hygiene, safety

Neighborhood, safety crime violence,

Affiliation with church clubs, or other groups

Accessibility to resources and social support

THE NATURAL MOTHER:

Family constellation, names of parents, siblings

Birthplace

Significant features of family background i.e. clan

Childhood experiences: Level of nurturing, relationships with parents and siblings.

Educational background

Type of discipline as a child

Meaning of culture to their current views

Relationship with others (historically) is their meaning long-term connections to others?

Marital relationship

Employment record

Emotional stability over time

Physical health history

ENVIRONMENT OF MOTHER:

Income

Housing; health and hygiene, safety

Neighborhood, safety crime violence,

Affiliation with church clubs, or other groups

Accessibility to resources and social support

MOTHER'S RELATIONSHIP WITH OTHERS:

Extended family

Friends, neighbors, and others who may support the family.

Name of relationships, e.g. close, superficial

Boyfriend/girlfriend of single parents and role they have in the family

Extended family

Friends, neighbors and others who support the family

OTHER SIBLINGS:

FATHER'S ATTITUDE/REASON FOR TERMINATING HIS RIGHTS

Viewpoint and expectations

What does TPR mean to him/Does he understand TPR

MOTHER'S ATTITUDES/REASONS FOR TERMINATING HER RIGHTS

Viewpoint & expectations

What does TPR mean to her/Does she understand TPR

PLACEMENT PREFERENCE:

Placement of the minor /relationship

Name:

Relationship:

Address:

Residence:

EVALUATION/ASSESSMENT:

RECOMMENDATION:

Prepared By: _____

Reviewed By:

XC: Presenting Officer
Case record
(Legal counsel)



**Report of the Division of Social Services
Concerning Court Docket No.
(Date)**

Subject Child	Census No	DOB:	Soc. Sec. No.
Natural Parents:			
Father:			
Address:			
Residence:			
Other Children			
Mother			
Address			
Residence			
Other Children			
Petitioner			
Spouse			
Address			
Residence			
Relationship to Child			
Other Children			

Guardianship hearing

- Child's birth history and milestones
- Other siblings to the child
- Age appropriateness of behavior
- General personality and behaviors e.g. hyperactivity, acting out, withdrawn etc.
- School functioning
- Physical health including disabilities
- Developmental level e.g. language, motor skills, affect, etc.
- Recent changes in behavior or functioning
- Substance or alcohol abuse
- Relationship with peers
- Intelligence level

Attitudes toward parents e.g. fearful, protective etc.

CHILD'S INCOME OR ESTATE CONCERNED:

- A. Current Source of Income of the Child:
- B. Real or Personal Property:
- C. Planned use for funds and/or property:

CHILD'S ATTITUDE TOWARD PETITIONER REQUEST:

THE NATURAL PARENTS:

Family constellation, names of parents, siblings
Birthplace
Significant features of family background i.e. clan
Childhood experiences: Level of nurturing, relationships with parents and siblings.
Educational background
Type of discipline as a child
Meaning of culture to their current views
Relationship with others (historically) are there meaning long term connections to others?
Employment record
Criminal background
Emotional stability over time
Physical health history

CHILD'S OTHER RELATIVES:

Name:
Relationship:
Address:
Residence:

THE PETITIONER:

(Answer same questions on each petitioner)
Family constellation, names of parents, siblings
Birthplace
Significant features of family background i.e. clan
Childhood experiences: Level of nurturing, relationships with parents and siblings.
Educational background
Type of discipline as a child
Meaning of culture to their current views
Relationship with others (historically) is their meaning long-term connections to others?
Marital relationship
Employment record
Criminal background
Emotional stability over time
Physical health history

PETITIONERS PARENTING ATTITUDES AND BEHAVIORS

Viewpoint and expectations
Knowledge of child development
Daily parenting approach
Comfort in parenting role

Primary caretaker

Use of outside childcare

Nurturing behaviors e.g. listening and talking to child, display of affection, attachment and bonding etc.

Knowledge of nutrition, appropriate medical care etc.

PETITIONERS CHILDREN ATTITUDE TOWARDS REQUEST:

PETITIONERS ENVIRONMENT:

Income

Housing; health and hygiene, safety

Neighborhood, safety crime violence,

Affiliation with church clubs, or other groups

Accessibility to resources and social support

PETITIONERS RELATIONSHIP WITH OTHERS:

Extended family

Friends, neighbors, and others who may support the family.

Name of relationships, e.g. close, superficial

Boyfriend/girlfriend of single parents and role they have in the family

Extended family

Friends, neighbors and others who support the family

PETITIONERS FAMILY FUNCTIONING

Roles and relationships among family members including marital and sexual relationships.

Methods and level of communication

Level of affection

Methods for dealing with conflict, problem solving, responding to stress.

Open versus closed family system

Power and control, family decision making

Nature of family, e.g. blended, single parent, birth of new child etc.

Family activities

Who performs family tasks, e.g. housekeeping, management of family finances, grocery shopping, cooking etc.

PETITIONERS REFERENCES:

a. Character references and response

b. Criminal Back Ground Check.

PETITIONERS RESPONSE TO AGENCY AND OTHER COMMUNITY PROFESSIONALS

Previous use of outside agencies and resources

Level of trust in professionals in general

Awareness of community resources

EVALUATION/ASSESSMENT:

RECOMMENDATION:

Prepared By:

Reviewed By:

XC: Presenting Officer
Case record
(Legal counsel)



THE
NAVAJO
NATION

NAVAJO NATION

)

IN THE FAMILY COURT OF THE

)

NAVAJO NATION

Region

)

Judicial District of

**Report of the Division of Social Services
Concerning Court Docket No. (Date)**

IDENTIFYING DATA:

Subject Child

Census No

DOB:

Soc. Sec. No.

Name of Natural Parents

Date of TPR

Court Doc. #

Court Jurisdiction

Mo:

Fa:

Name of Petitioner

DOB

Census #

Relationship to Child

Mailing Address

Physical Residence

REASON FOR REPORT:

Petitioner's request for adoption home study per court order dated

THE CHILD:

Child's birth history; milestones; Clan and degree of Indian Blood quantum

Other siblings to the child and their whereabouts

Does child have contact with and interact with biological siblings; parents.

Age appropriateness of behavior

General personality and behaviors e.g. hyperactivity, acting out, withdrawn etc.

School functioning

Physical health including disabilities

Developmental level e.g. language, motor skills, affect, etc.

Recent changes in behavior or functioning

Substance or alcohol abuse

Relationship with peers

Intelligence level

CHILD'S INCOME OR ESTATE CONCERNED:

A. Current Source of Income of the Child:

B. Real or Personal Property:

C. Planned use for funds and/or property:

CHILD'S ATTITUDE TOWARD PETITIONER :

Attitudes toward caretakers' e.g. fearful, protective etc.

Does child interact with other household members, extended family,

PLACEMENT PREFERENCE:

Has all relatives been contacted and this petition is in compliance with placement preference.

PETITIONER'S MOTIVATION FOR TAKING COURT ACTION:

Why Adoption?

Future plans for the child

THE PETITIONER:

(Answer same questions on each petitioner)

Family constellation, names of parents, siblings

Birthplace

Significant features of family background i.e. clan

Childhood experiences: Level of nurturing, relationships with parents and siblings.

Educational background

Type of discipline as a child

Meaning of culture to their current views

Relationship with others (historically) is their meaning long-term connections to others?

Marital relationship

Employment record

Emotional stability over time

Physical health history

Religion

PETITIONERS PARENTING ATTITUDES AND BEHAVIORS

Viewpoint and expectations

Knowledge of child development

Daily parenting approach

Comfort in parenting role

Primary caretaker

Use of outside childcare

Nurturing behaviors e.g. listening and talking to child, display of affection, attachment and bonding etc.

Knowledge of nutrition, appropriate medical care etc.

PETITIONERS CHILDREN'S ATTITUDE TOWARDS REQUEST:

Out come of interview with each child on addition to the family.

PETITIONERS ENVIRONMENT:

Income

Housing; health and hygiene, safety

Neighborhood, safety crime violence,

Affiliation with church clubs, or other groups

Accessibility to resources and social support

PETITIONERS RELATIONSHIP WITH OTHERS:

Extended family

Friends, neighbors, and others who may support the family.

Name of relationships, e.g. close, superficial

Boyfriend/girlfriend of single parents and role they have in the family

Extended family

Friends, neighbors and others who support the family

PETITIONERS FAMILY FUNCTIONING

Roles and relationships among family members including marital and sexual relationships.

Methods and level of communication

Level of affection

Methods for dealing with conflict, problem solving, responding to stress.

Open versus closed family system

Power and control, family decision making

Nature of family, e.g. blended, single parent, birth of new child etc.

Family activities

Who performs family tasks, e.g. housekeeping, management of family finances, grocery shopping, cooking etc.

PETITIONERS REFERENCES:

- a. Character references and response
- b. Criminal Back Ground Check.
- c. Health clearance from PE document

PETITIONERS RESPONSE TO AGENCY AND OTHER COMMUNITY PROFESSIONALS

Previous use of outside agencies and resources

Level of trust in professionals in general

Awareness of community resources

EVALUATION/ASSESSMENT:

RECOMMENDATION:

Prepared By:

Reviewed By:

XC: Case file
Legal Counsel

NAVAJO NATION
DIVISION OF SOCIAL SERVICES
FOSTER PARENT REPORT

Court Docket No. _____
Date of Report _____

Child's Name

Child's Age

Length of Time in this placement
Years _____ months _____

The child is in special education
☐ yes ☐ no

Grade in School:

Type of Care giver

Name of Caregiver

- ☐ Foster Parent
☐ Relative Foster Parent
☐ Treatment Foster Parent
☐ Other _____

(Instructions: The purpose of this report is to provide the court with a comprehensive picture of the child in your care. Please complete each section below based on the events that have happened in the child's life since the last court hearing. Describe your observations of the child's behaviors, needs, and strengths.)

I. MEDICAL DENTAL AND GENERAL PHYSICAL HEALTH.

II. MENTAL BEHAVIORIAL AND EMOTIONAL HEALTH

III. ADJUSTMENT TO THE LIVING ARRANGEMENT (how has the child adjusted to your home and community. Has the placement been consistent or have there been disruptions)

IV. EDUCATION (how is the child performing in school, the child's grades, interaction with teachers etc.)

V. SOCIAL SKILLS AND PEER RELATIONSHIPS (how is the child interacting with friends, age appropriate social skills)

VI. SPECIAL INTERESTS AND ACTIVITIES (any school activities, hobbies, any tools to support the interest or activity needed)

VII. STATUS OF VISITATION (is there scheduled visits, how does the child react to visitation)

VIII. RESOURCES AND SUPPORT (are you as a foster parent being provided with resources and support to address the needs of the child.)

IX. OTHER HELPFUL INFORMATION

PRINTED NAME-SIGNATURE

DATE

PRINTED NAME-SIGNATURE

DATE



THE
NAVAJO
NATION

FOSTER CARE REVIEW BOARD

REFERRAL FORM

MAILING DATE: _____

NAME OF AGENCY: _____	PSW: _____
CASE NAME:	FOSTER CARE WORKER:
DATE OF CUSTODY:	
PARTY INTERESTED IN ATTENDING HEARING	ADDRESS
PHONE NUMBER	
PARENTS:	ADDRESS
PHONE NUMBER	
ATTORNEY:	ADDRESS
PHONE NUMBER:	
PRIMARY SOCIAL WORKER:	ADDRESS:
PHONE NUMBER:	
FOSTER PARENTS:	ADDRESS:
PHONE NUMBER:	



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Child & Family Specialty Services

Treatment Plan	page 355
Consumer Rights & Responsibilities for Services	357
Monthly Report	359
Discharge Summary	360
Intake	361

SPECIALTY SERVICES TREATMENT PLAN

Consumer Name: _____

Date: _____

STRENGTHS:	CHALLENGES:
1.	1.
2.	2.

GOAL#1:	
Objectives:	Responsible Person:
Strategy:	
Frequency:	Time Frame:

GOAL#2:	
Objectives:	Responsible Person:
Strategy:	
Frequency:	Time Frame:

DIAGNOSIS:	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V (GAF): Past:	Current:

CRITERIA FOR TREATMENT TERMINATION:

Assigned worker discussed my goals and the objectives for my treatment. I approve of the strategies used to achieve the objectives and goals. I also received a copy of *Consumer Rights and Responsibilities for NDSS Services* and as a consumer and/or guardian I understand that I can question any of the items indicated.

Consumer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Assigned Worker Signature: _____ Date: _____

TREATMENT TERMINATION	
DISCHARGE PLAN:	
1. 2.	
GOALS OUTCOME (completion, provider change, moved, etc.):	
1. 2.	

Consumer Signature:	Date:
Parent/Guardian Signature:	Date:
Assigned Worker Signature:	Date:

CONSUMER RIGHTS & RESPONSIBILITIES FOR SERVICES

You have certain rights when receiving services from the Navajo Division of Social Services Programs. Most important is your knowledge and understanding of the services you are to receive. Prior to the beginning of services, you are being asked to sign a written Consent for Service (Client Rights & Responsibilities form). This consent acknowledges your voluntary participation (unless ordered by the court) and your understanding of these rights and responsibilities. As service begins, you will be asked to participate in the development of your treatment goals.

Your responsibilities as a consumer includes:

- Parent(s) or legal guardians must be involved in your child (ren's) treatment.
- You will contact the NDSS office to schedule, to reschedule and to inform the assigned worker if you plan to miss an appointment (within 24 hours).
- Be on time and keep your appointments.
- Participate in treatment goal(s) planning, following through on your treatment goals, do homework, and keep your worker informed of your progress.
- Inform your worker of any changes, i.e., telephone number, address, school changes and/or expulsions, plan to stop treatment, court dates, etc.
- The length of time for treatment services is determined by your identified goals & objectives which are established during the initial and ongoing assessments.
- If you are court-ordered to receive services there may be legal problems if you stop services.

Consumer Rights includes:

- Your assigned worker will inform you of his/her qualifications, including practice license, education, training and experience in special areas. Your assigned worker is not licensed to practice therapy, s/he will refer you and provide the name and telephone number of a licensed therapist.
- You can request a female/male worker.
- You will receive treatment which is helpful to you. You decide along with your worker your treatment goals, including how often you will meet with the worker.
- Your worker will provide updates on your progress which may include revising the plan so it is achievable.
- You be will informed if your worker will consult with other providers about your treatment.
- You can report any behavior by your worker with which you are not comfortable. You may choose another worker or request a referral to another NDSS office.
- You can refuse recording (audio and video) of your treatment session or you may request recording.

- Your assigned worker will inform you of whom to contact for continuity of care when s/he is on vacation or has a personal emergency.
- Least Restrictive Setting: The right to receive treatment in the least restrictive setting.
- The right to read a copy of the Social Worker's Code of Ethics and Standard of Care for Social Services, which are guidelines or rules about providing services.

My signature below means that I understand and agree with all of the statements above, consent to treatment and have been informed. Any statements for which I did not understand were explained to me in the language I understood.

Consumer Signature

Date

Parent(s)/Legal Guardian Signature

Date

Specialty Worker Signature

Date



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES

Monthly Report

TO :

FROM :

DATE :

RE :

Objective:

Action Taken:

Progress from last report:

Plan for next month:

Recommendation:

Objective:

Action Taken:

Progress from last report:

Plan for next month:

Recommendation: Refer family to community resources to stabilize family environment.

Reviewed by:

Supervisor

xc: file/CM file

SPECIALITY PROGRAM
TREATMENT PLAN

CASE #: _____

DISCHARGE SUMMARY

Did client complete the treatment plan prescribed? If no, explain

Presenting Problem (s):

Identified individual/family strengths:

Individual and family response to treatment methods:

Goals and objectives achieved:

Discharge referrals/treatment services:

Client signature _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Provider signature: _____ Date: _____

Supervisor: _____ Date: _____

NAVAJO CHILDREN & FAMILY SERVICES

INTAKE FORM

Today's Date: _____ Time: _____ am/pm Worker's Name: _____

Type of Contact: ☐ In person ☐ Written Documents ☐ Phone/Facsimile/Internet

REQUEST FOR SERVICES/ASSISTANCE:

- ☒ Pending State Custody Proceeding
☐ Voluntary Relinquishment Services
☐ Relative/Adoption Home Study
☐ Post Placement Services
☐ Parenting Skills Services (AZDES)
☐ Services/Information
☐ Certified Adoptive Home

Referring Agency _____
 Name/Title: _____ Phone #: _____
 Address: _____ Fax#: _____
 Location of Home: _____
 Attorney's Name _____ Phone #: _____
 Fax#: _____

1.	REFERRED CHILD	DOB	C#	%Navajo	Current Placement	ICWA Case Number
2.						
3.						
4.						
5.						
6.						

REFERRED ADULT	RELATIONSHIP	DOB	TRIBE/CENSUS#	ADDRESS/PHONE

REASON FOR REPORT: _____

ELIGIBILITY STATUS: ICWA Legal Notice ☐ Enrollment Verified ☐ State Domicile: _____

INTAKE ACTION/PLAN: _____

DECISION: ☐ Approval for service: ☐ Denial/Closed ☐ Information & Referral/File Only Decision Letter:(Agency & Client)

ASSIGNED WORKER _____ *Weight Factor _____ SUPERVISOR'S CONCURRENCE _____ DATE _____

DENIAL/CLOSED DATE _____ REASON: _____

*Case Weight Factor Formula: _____ Indicators for Score Level

Case Situation 03 -Legal risk (0-6) and/or compelling situation, adoption service for new born;
 02-Case goal is TPR w/permanency, Adoption intervention services for unborn (delivery date is not less than 30 days)
 01-Case monitor on In-Home dependency, Long term foster care, Independent Living Skills & pre-adoptive and/or relative placement.

TOTAL SCORE _____ ICWA Case Voluntary Relinquishment Case _____ Contractual obligation for Adoption Home Study & Post Placement Services



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Adult & Elder Services

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Request for Adult Care Services	365
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Social Summary Addenda	375
Placement Tracking Information	377
Court Report: Home Study for Adult Guardianship	387
Genogram	381



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES

REQUEST FOR ADULT CARE SERVICE

Applicant: _____

Census #: _____ SS#: _____ DOB: _____

Address: _____

☐ **I HEREBY REQUEST TO RECEIVE THE FOLLOWING ADULT CARE SERVICES IF I AM ELIGIBLE.**

THE REQUESTED SERVICE IS FOR ELIGIBILITY PERIOD FROM _____ to _____

To receive Adult Care Services, I agree to receive medical, financial, social and/or other professional services as may be necessary.

I agree to waive all claims for damages as a result of any services including transportation, rendered by the Adult Care Service Provider, DSS, Family Service Unit or any individual or agency cooperating herewith.

☐ **I DECLINE ADULT CARE SERVICE & I DO NOT WISH TO RECEIVE SERVICES AS REFERRED.**

THUMBPRINT

SIGNATURE OF APPLICANT Date

SIGNATURE OF LEGAL GUARDIAN Date

ADDRESS

WORKER Date

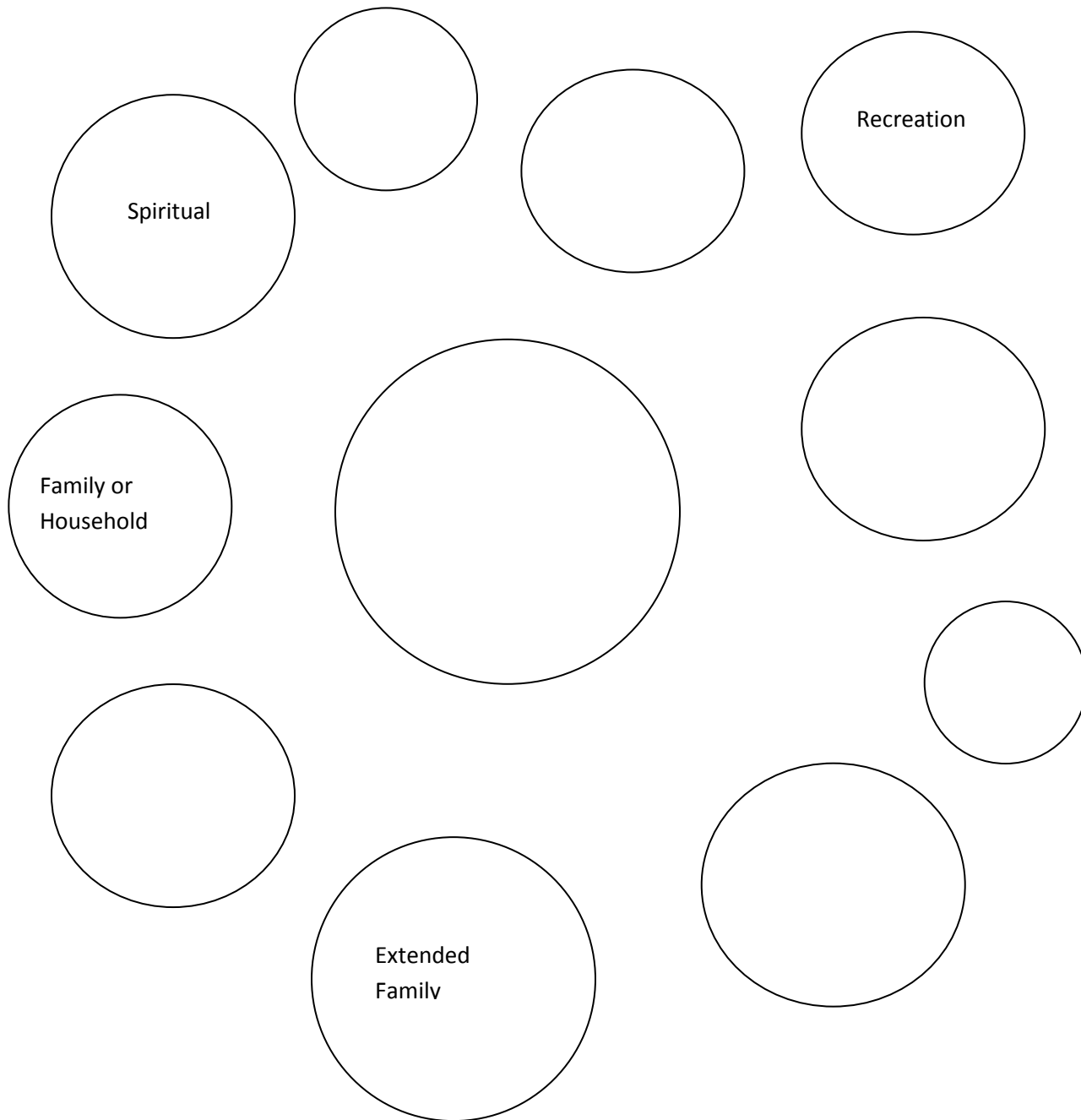
SIGNATURE OF WITNESS Date

ADDRESS

ECO –MAP

NAME _____

DATE: _____



- Fill in connections where they exist
- Indicate nature of connections with a descriptive word or by drawing different kinds of lines. (_____)
for strong (.....) for tenuous (/////////) for stressful
- Draw areas along lines to signify flow of energy, resources etc. (-----)
- Identify significant people and fill in empty circles as needed.



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

CASE WORK PLANNING FORM

CASE NAME: _____

WORKER: _____ DATE: _____

REASON FOR REFERRAL:

PROBLEM IN SUMMARY: Physical/social/medical/environmental

ASSESSMENT: strengths/needs

EVALUATION: allegation validated

LONG-RANGE GOALS: permanency plan (Need Termination Date)

SHORT-TERM OBJECTIVES: relating to needs (Need Time-frame)

Client's signature approving case plan/Date

Client's signature approving case plan/Date

Worker Signature /Date

Supervisor's initial /Date_____

Original – Client
Copy – Case record



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

CASE WORK/PLANNING FORM
HOME CARE AGREEMENT

CASE NAME: _____ WORKER: _____

CASE PLAN EFFECTIVE FROM: _____ TO _____

REASON FOR REFERRAL:

PROBLEM IN SUMMARY: Physical/social/medical/environmental

ASSESSMENT: strengths/needs

EVALUATION: allegation validated

LONG-RANGE GOALS: permanency plan (Need Termination Date)
Family Participation

Identify & coordinate other available support services & resources

Prevent Out of Home placement and maintain independence

SHORT-TERM OBJECTIVES: relating to needs (Need Time-frame)
Family Participation

Identify & coordinate other available support services & resources

Prevent out of home placement and maintain independence

The Home Care worker is an employee of the Family Services Unit. As a tribal employee the Home Care Worker:

1. Receives a 15-minute break in the morning and afternoon.
2. Will at various times be required to come late or leave early because of meetings, training, or to complete paper work.
3. Is allowed time for sick leave and vacation.

GOALS AND OBJECTIVES: **SPECIFIC HOME CARE WORKER DUTIES:**

<input type="checkbox"/> Personal Care	Day	time	task must be specified
<input type="checkbox"/> Grooming			
<input type="checkbox"/> Mending			
<input type="checkbox"/> Hygiene			
<input type="checkbox"/> Bed Linen			
<input type="checkbox"/> Laundry			
<input type="checkbox"/> Mobility			
<input type="checkbox"/> Other			
<input type="checkbox"/> Housekeeping Services			
<input type="checkbox"/> Mop			
<input type="checkbox"/> Sweep			
<input type="checkbox"/> Vacuum			
<input type="checkbox"/> Meal Prep			
<input type="checkbox"/> Dust			
<input type="checkbox"/> Trash			
<input type="checkbox"/> Dishes			
<input type="checkbox"/> Other			
<input type="checkbox"/> Family Participation			
<input type="checkbox"/> Respite			
<input type="checkbox"/> Wood/Coal			
<input type="checkbox"/> Yard Work			
<input type="checkbox"/> Water			
<input type="checkbox"/> Groceries			
<input type="checkbox"/> Budgeting			
<input type="checkbox"/> Other			
<input type="checkbox"/> Identify & coordinate other available support services & resources			
<input type="checkbox"/> Household Repair			
<input type="checkbox"/> Donated Food			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Other			

Consumer/Family RESPONSIBILITIES:

The purpose of this program is to provide basic services that enhance the quality of life and promote self-sufficiency. Three services from the list above must be provided before transportation will be available. THIS IS NOT A MAID SERVICE.

THE HOME CARE WORKER CANNOT:

Do any heavy; drive your car; wash walls; clean blinds; paint; do heavy cleaning; clean up after pets; or provide services to anyone not named on this agreement. It is understood the Home Care Worker will not change his or her assigned hours of work without checking with the supervisor. It is also understood the client will notify the Protective Services office if they will not be home at the agreed upon time. Services cannot be provided if the client is not present.

I accept the terms of this agreement

_____ Consumer _____ Home Care Worker

_____ Social Worker _____ Supervisor

Telephone Number: _____ Call the Supervisor to report any difficulties.

ADULT IN HOME CARE SERVICES

Home Care Worker Contact Report

Month/Year _____ Name: _____ Case # _____

Home Care Worker _____ Case Manager _____

Case Plan date _____ Review Date _____

Duties:	M	T	W	TH	F	Duties:	M	T	W	TH	F
Grooming						Mopping					
Mending						Sweeping					
Hygiene						Vacuum					
Bed Linen						Meal Prep					
Laundry						Dusting					
Mobility						Trash					
Wood/Coal						Dishes					
Yard Work						Donated Food					
Water						Transportation					
Groceries						Household Repair					
Budgeting											

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	Left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	Left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	Left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	Left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	left
------	---------	------

Client signature:

DESCRIBE CONDITION, CHANGES, FAMILY SITUATIONS, DAILY CONTACT:

Date	Arrived	left
------	---------	------

Client signature:



THE
NAVAJO NATION
DIVISION OF SOCIAL SERVICES

SOCIAL SUMMARY

Date of Report:

IDENTIFYING INFORMATION:

A. APPLICANT

CENSUS #

DOB

B. SPOUSE

C. GUARDIAN

Mailing Address:

Phone #:

Residence:

a.

b.

c.

PRESENTING PROBLEM

CURRENT PLACEMENT OF THE ADULT

Name:

Provider's Name/Address

Relationship

Date placed

Legal Status

PREVIOUS TREATMENT SERVICES

(Include counseling, self help, spiritual help etc)

Family's previous treatment

Provider's Name/Address

Date of service/referred

ongoing

Name:

Mental health counseling

Substance Abuse counseling

Parenting classes

Spiritual counseling

Substance abuse Treatment

Name:

Mental health counseling

Substance Abuse counseling

Parenting classes

Spiritual counseling

Substance abuse Treatment

APPLICANT'S BACKGROUND

Prenatal, Birth, and early development

EDUCATIONAL HISTORY

- Preschool
- Elementary
- Mid School
- High School
- Social development
- Cultural influences
- Medical/physical problems
- Primary health provider
- Drug and Alcohol Abuse
- Abuse/neglect history
- Psychiatric history
- Mental status (appearance)
- Movement (motor activity)
- Speech
- Affect/mood
- Thought Content
- Cognitive Functions
- Reality contact
- Other

FAMILY CONSTELLATION HISTORY

- Mother's Family Description
 - Family constellation, names of parents, siblings
 - Birthplace
 - Significant features of family background i.e. clan
 - Marital relationship
- Schools Attended
- Work/Vocational History
- Most recent job
- Usual job
- Father's Family Description
 - Family constellation, names of parents, siblings
 - Birthplace
 - Significant features of family background i.e. clan
 - Marital relationship
- Schools Attended
- Work/Vocational History
- Most recent job
- Usual job

CURRENT HEALTH

RESOURCES AND INCOME

Family financial status

FAMILY DYNAMICS

Extended family members/relatives

Family Spiritual involvement

Alcohol and Drug Abuse

Environmental problems

FAMILY STRENGTHS

ATTITUDE TOWARDS PLACEMENT

SOCIAL WORKER OBSERVATION AND ASSESSMENT

TENTATIVE DSM-IV DIAGNOSIS

Axis I

(Clinical syndromes; conditions, not attributable to mental disorder)

Axis II

(Personality disorders, specific development disorders)

Axis III

Physical disorders and conditions

Axis IV

(Severity of Psychosocial Stressors)

Axis V: Current GAF

GAF – past year

RECOMMENDATIONS:

Signature Social Worker Date

Signature Supervisor Date



SOCIAL SUMMARY ADDENDA

Date of Report

Date of last Report

IDENTIFYING INFORMATION:

A. APPLICANT

CENSUS #

DOB

B. SPOUSE

Mailing Address:

Phone #:

Residence:

a.

b.

PRESENTING PROBLEM

CURRENT PLACEMENT OF THE ADULT

Name:

Provider's Name/Address

Relationship

Date placed

LEGAL STATUS

PREVIOUS TREATMENT SERVICES

(Include counseling, self help, spiritual help etc)

Family's previous treatment

Provider's Name/Address

Date of service/referred

ongoing

Name:

Mental health counseling

Substance Abuse counseling

Parenting classes

Spiritual counseling

Substance abuse Treatment

Name:

Mental health counseling

Substance Abuse counseling

Parenting classes

Spiritual counseling

Substance abuse Treatment

APPLICANT'S BACKGROUND SINCE LAST REPORT

Social development

Cultural influences

Medical/physical problems

Primary health provider

Drug and Alcohol Abuse

Abuse/neglect history

Psychiatric history

Mental status (appearance)

Movement (motor activity)
Speech
Affect/mood
Thought Content
Cognitive Functions
Reality contact
Other

FAMILY CONSTELLATION HISTORY

Applicant & Spouse Family Description
Marital relationship
Any new children/siblings
Schools Attended
Work/Vocational History
Most recent job
Usual job

CURRENT HEALTH

RESOURCES AND INCOME

Family financial status

FAMILY DYNAMICS

Extended family members/relatives
Family Spiritual involvement
Alcohol and Drug Abuse
Environmental problems

FAMILY STRENGTHS

ATTITUDE TOWARDS PLACEMENT

SOCIAL WORKER OBSERVATION AND ASSESSMENT

TENTATIVE DSM-IV DIAGNOSIS

Axis I

(Clinical syndromes; conditions, not attributable to mental disorder)

Axis II

(Personality disorders, specific development disorders)

Axis III

Physical disorders and conditions

Axis IV

(Severity of Psychosocial Stressors)

Axis V: Current GAF

GAF – past year

RECOMMENDATIONS:

Signature Social Worker Date

Signature Supervisor Date

PLACEMENT TRACKING INFORMATION
NAME OF CONSUMER_____

DATE OF PLACEMENT	WORKER #	PLACEMENT	DATE OF RELEASE	WORKER NAME/TITLE



THE
NAVAJO
NATION

NAVAJO NATION

)
)
)

IN THE FAMILY COURT OF THE

NAVAJO NATION

Judicial District of

**Report of the Division of Social Services
Concerning Court Docket No. (Date)**

IDENTIFYING DATA:

Subject Adult:

Census No

DOB:

Soc. Sec. No.

Petitioner

Spouse

Address

Residence

Relationship to Adult

REASON FOR REPORT:

Home study for adult guardianship

THE ALLEGED INCOMPETANT ADULT:

birth history and milestones

Other siblings

Age appropriateness of behavior

General personality and behaviors

Educational background

Relationship with peers

RESIDENCE & OR PLACEMENT HISTORY

PHYSICAL HEALTH INCLUDING DISABILITIES

Developmental level e.g. language, motor skills, affect, etc.

Recent changes in behavior or functioning

Substance or alcohol abuse

Intelligence level

Physical examination

ATTITUDES TOWARD PETITIONER:

INCOME OR ESTATE CONCERNED:

A. Current Source of Income of the Child:

B. Real or Personal Property:

C. Planned use for funds and/or property:

OTHER INVOLVED RELATIVES:

Name:
Relationship:
Address:
Residence:

THE PETITIONER:

(Answer same questions on each petitioner)
Family constellation, names of parents, siblings
Birthplace
Significant features of family background i.e. clan
Childhood experiences: Level of nurturing, relationships with parents and siblings.
Educational background
Type of discipline as a child
Meaning of culture to their current views
Relationship with others (historically) is their meaning long-term connections to others?
Marital relationship
Employment record
Criminal background
Emotional stability over time
Physical health history

PETITIONERS ATTITUDES AND BEHAVIORS REGARDING ACTION:

Viewpoint and expectations
Knowledge adults development and disability
Daily communication approach, Nurturing behaviors e.g. listening and talking display of affection, attachment and bonding etc
Comfort in caretaker role
Primary caretaker
Use of outside caretakers
Knowledge of nutrition, appropriate medical care etc
History of involvement with alleged incompetent adult.

PETITIONERS ENVIRONMENT:

Income
Housing; health and hygiene, safety
Neighborhood, safety crime violence,
Affiliation with church clubs, or other groups
Accessibility to resources and social support

PETITIONERS RELATIONSHIP WITH OTHERS:

Extended family
Friends, neighbors, and others who may support the family.
Name of relationships, e.g. close, superficial
Boyfriend/girlfriend of single parents and role they have in the family
Extended family
Friends, neighbors and others who support the family

PETITIONERS FAMILY FUNCTIONING

Roles and relationships among family members

Methods and level of communication

Level of affection

Methods for dealing with conflict, problem solving, responding to stress.

Open versus closed family system

Power and control, family decision-making

Nature of family, e.g. blended, single parent, birth of new child etc.

Family activities

Who performs family tasks, e.g. housekeeping, management of family finances, grocery shopping, cooking etc.

PETITIONERS REFERENCES:

a. Character references and response

b. Criminal Back Ground Check.

PETITIONERS RESPONSE TO AGENCY AND OTHER COMMUNITY RESOURCES

Previous use of outside agencies and resources

Level of trust in professionals in general

Awareness of community resources

PETITIONERS MOTIVATION FOR INITIATING COURT PROCESS

PETITIONERS PLAN FOR THE ADULT

EVALUATION/ASSESSMENT:

RECOMMENDATION:

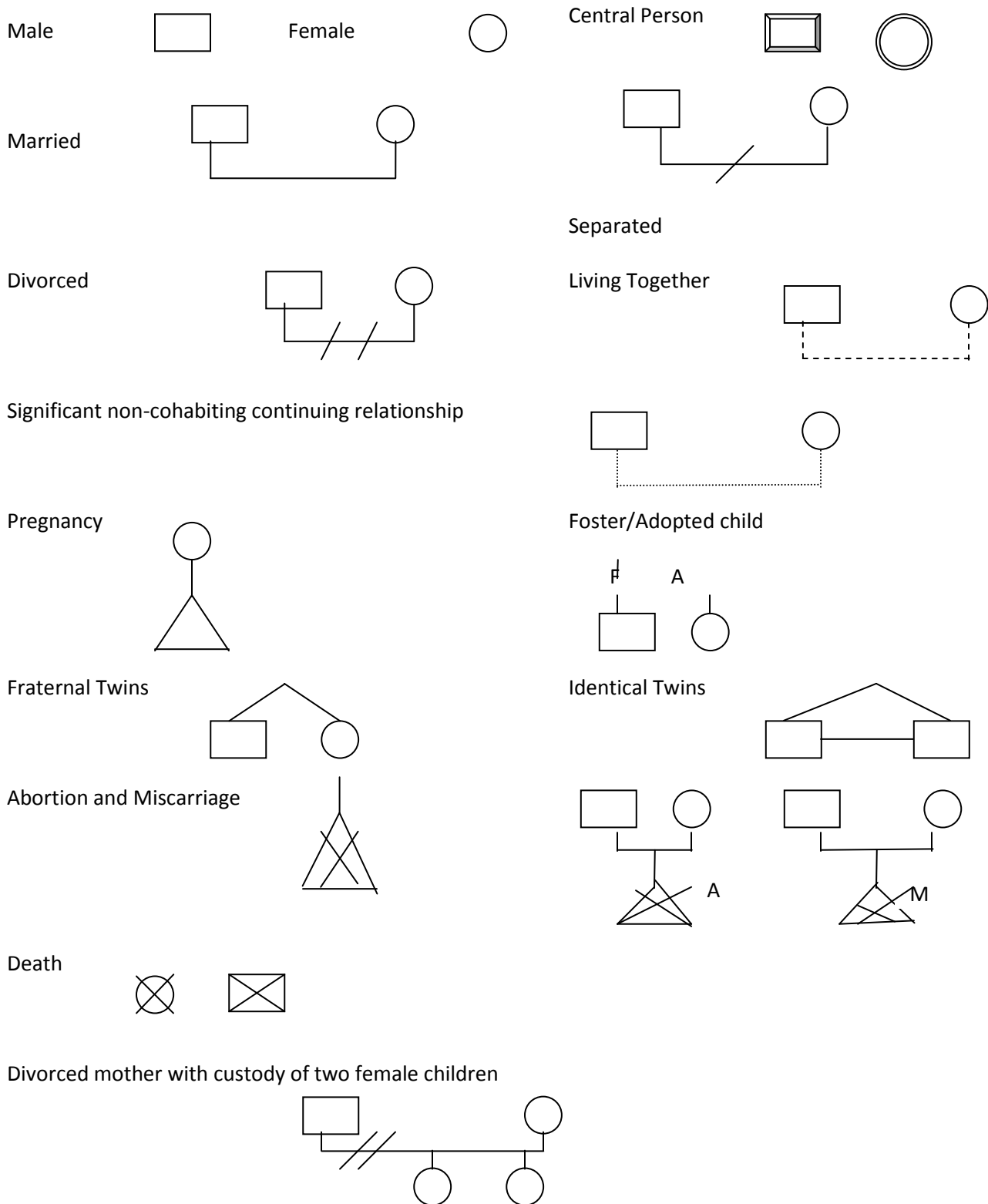
Prepared By:

Reviewed By:

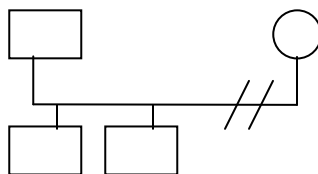
XC: Case record
(Legal counsel)

GENOGRAM SYMBOLS

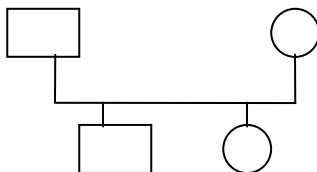
CONVENTIONS OF DIAGRAMING FAMILY STRUCTURE



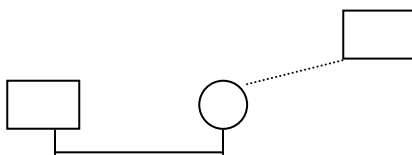
Divorced father with custody of two male children



Children out of the home



Wife having extramarital affair (current)

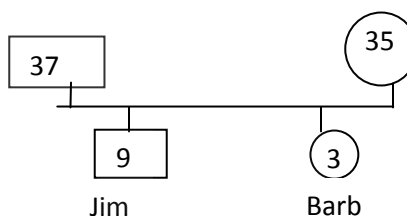


Woman having had significant non-cohabitation relationship between two marriages



GENERAL RULES

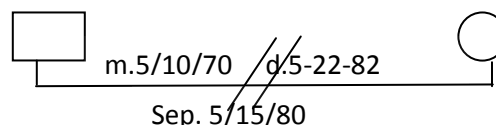
Put age inside and note date of birth
Put first name of each person



Put exact dates of marriage,

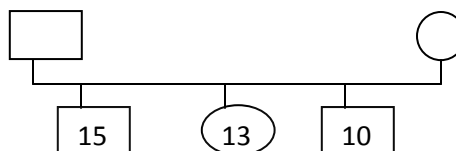
Divorce and

separation if different.



Put children in order of their birth –oldest at left,

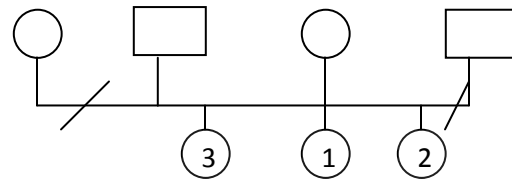
Except in case of multiple marriages (below)



Examples:

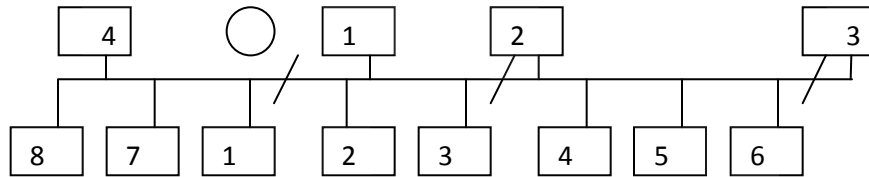
2 spouses each previously married;

Wife had 2 children, husband had none; currently couple
has jointly one child.



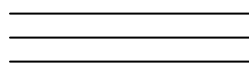
Wife's 4 marriages with:

2 children in first
1 child in second
3 children in third
2 children in fourth

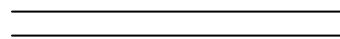


DIAGRAMMING OF EMOTIONAL RELATIONSHIP

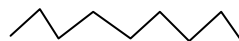
Intense relationship



Close relationship



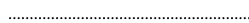
Conflictual relationship



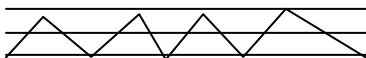
Cut-off, estranged



Distance relationship



Intense/fused conflictual relationship



People within shape are within same household





NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: Financial Assistance Services

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DIVISION OF SOCIAL SERVICES
FINANCIAL ASSISTANCE

FACE SHEET

Date Completed _____

Initial _____ Rev. _____

Case No. _____

CASE NAME: _____

Master File Census No. _ / _ / _ / _ / _ / _ / _ / _

Cross Reference _____

**	No.	Name	Relationship	Date of Birth	Census No.	Name of School	Grade
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	11.						
	12.						
	13.						
	14.						
	15.						
	16.						
	17.						

Location of Home(s) _____

Veteran's Claim Number(s) _____

Individual Indian Monies (IIM) Account Number(s) _____

CODE: Mr. / / / / / / / / / / / / / / / / / /
 Education Occupation Training Training (1) (2)

Mrs. / / / / / / / / / / / / / / / / / /
 Education Occupation Training Training (1) (2)

Regional Use:

1. Regular Income of Non-Financial Assistance HH Members (list by number, source and amount):

**Those not included in Financial Assistance Grant.

INDIVIDUAL SELF SUFFICIENCY PLAN GUIDELINES

E-1 & E-2

FINANCIAL ASSISTANCE PROGRAM POLICES

1. Actively seek employment including the use of available state, county, local resources for Tribal funded employment services.
2. Accept local and seasonal employment when it is available
3. Provide evidence of your monthly efforts to obtain employment.
4. Make satisfactory progress on your ISP.
5. Report any changes, which may affect your general assistance eligibility.

NON-COMPLIANCE:

1. A head of household who does not comply with the program rules will not be eligible for general assistance for at least 60 days and not more than 90 days.
 - a. If you do not seek and accept available employment, and seasonal employment, or your quit your job without good cause.
2. The suspension time will be reduced to 30 days if you show that you have sought local or seasonal employment in accordance to your ISP.
3. The non-compliance policy does not affect anyone who meets the “unemployable” status.
4. Your eligibility suspension will affect only you and not other eligible members of your household.

RECIPIENT’S RESPONSIBILITIES:

1. Participate with social services worker in developing and signing the ISP.
2. Perform successfully in the work related activities, community service training and/or other employment assistance programs developed with you and documented in your ISP.
3. Participate in evaluations of job readiness and/or any other testing required for employment purposes.
4. Demonstrate that you are actively seeking employment by providing the social service worker with evidence of job search activities as required in the ISP.

CASEWORKER RESPONSIBILITIES:

1. Assess the general employability of the recipient.
2. Assists the recipients identify the services(s) needed to meet the goals identified in their ISP.
3. Sign the ISP after reviewing the goals and objectives with the recipient.
4. Help the recipient identify the service(s) needed to meet the goals identified in the ISP.
5. Monitor recipient participation in work related training and other employment assistance programs.
6. Document activities in the case file in the narrative section using the NAP format.

Reference: 20CFR: 314;315;316;317;318;319.

The above listed financial assistance program policy has been read to me/us in the Navajo and English languages. I(we) understand the meaning of the policy and I (we) accept the conditions set forth.

Consumer’s signature approving case plan

Date

Consumer’s signature approving case plan

Date

Caseworker signature/Date

Supervisor Signature/Date



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
INDIVIDUAL SELF SUFFICIENCY SERVICE PLAN

CASE NAME: _____

WORKER: _____ DATE: _____

REASON FOR REFERRAL:

PROBLEM IN SUMMARY:

ASSESSMENT:

EVALUATION:

LONG-RANGE GOALS: (Need Termination Date)

SHORT-TERM OBJECTIVES: (Need Time-frame)

Consumer's signature approving case plan/Date

Consumer's signature approving case plan/Date

Worker Signature /Date
Supervisor's initial /Date _____

Original – Client
Copy – Case record



**NAVAJO NATION
DIVISION OF SOCIAL SERVICES**

BLOCK GRANTS & SPECIAL PROJECTS

CASE SUMMARY STATEMENT OF NEED

Date:

A. IDENTIFYING INFORMATION

Name:

Name:

Address:

Directions to Home:

Priority: 1. Elder 2. Disabled (diagnosed) 3. Family with Young Children (0-12)

4. Other

B. SERVICES REQUESTED:

CSBG	<input type="checkbox"/> Training/Education	<input type="checkbox"/> Health Care	LIHEAP	<input type="checkbox"/> Wood/Coal	<input type="checkbox"/> Propane
	<input type="checkbox"/> Employment	<input type="checkbox"/> Housing Referral		<input type="checkbox"/> Electric/Cooling	<input type="checkbox"/> Natural Gas
	<input type="checkbox"/> Basic Needs	<input type="checkbox"/> ECIP (Wood/Stove & Kit)		<input type="checkbox"/> Weatherization	

C. ASSESSMENT OF NEED:

SUPPORT DOCUMENTS:

<input type="checkbox"/> CI B	<input type="checkbox"/> SOCIAL SECURITY CARD	<input type="checkbox"/> INCOME	<input type="checkbox"/> FOOD STAM (liheap)
-------------------------------	---	---------------------------------	---

HOME VISIT MADE

☐ YES ☐ NO

DATE:

(HV required: ECIP-Weatherization)

Reason for Home Visit:

D. INCOME COMPUTATION:

Categorically Eligible

E. RECOMMENDATION: (approve, deny, amount, reason)

Case Worker Name/Title/Date

Supervisor Name/Ttile/Date



THE
NAVAJO
NATION

ATTENTION: Personnel Employment Office

Return Date: _____

This individual is a recipient of Financial Assistance and is determined "employable" and available for employment. The following information is provided only to assist you in interviewing and placing the individual for possible employment/training.

NAME: _____ SS#: _____ C# : _____

ADDRESS: _____

This individual :

- | | |
|--|---|
| <input type="checkbox"/> Speaks English | <input type="checkbox"/> Willing to work on/off reservation |
| <input type="checkbox"/> _____ Grade Education | <input type="checkbox"/> Has had special training |
| <input type="checkbox"/> Has Transportation | <input type="checkbox"/> Family Size _____ |

This individual has previously worked with:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Bricklayer/Masonary | <input type="checkbox"/> Secretarial/Clerical |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Laborer | <input type="checkbox"/> Heavy Equipment |
| <input type="checkbox"/> Welder | <input type="checkbox"/> Construction | <input type="checkbox"/> Other: _____ |

Date	Place Contacted	Position Applied	Person Contacted & Phone Number	Results
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Consumer Signature/Date

Worker name/Title/Date



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

FINANCIAL ASSISTANCE

State of _____

Department of Labor

Re: Eligibility of Unemployment Compensation for:

NAME: _____ SS# : _____

Please check one of the blocks below and indicate if the person named above is eligible, presently receiving or ineligible to receive unemployment compensation. Complete spaces as they pertain.

DATE	CASEWORKER
() Determination Pending	Date of Application : _____
() Eligible	Will receive first check on : _____ How often checks received: _____
() Presently Receiving	Amount of Benefits : _____ How often checks received: _____
() Ineligible	Reason : _____ _____ _____
By: _____	Title: _____ Date: _____

In accordance with the Privacy Act, I authorize release of information requested by Financial Assistance Program. This authorization is valid for thirty (30) business days from this date.

Consumer's Signature



THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
FINANCIAL ASSISTANCE

REFERRAL FOR TANF CASH ASSISTANCE

TWO – PARENT ASSISTANCE

PART I (FOR USE BY FINANCIAL ASSISTANCE UNIT)

TO : _____ OFFICE: _____

APPLICANT : _____ SS#: _____ C#: _____

ADDRESS : _____

HOME LOCATION: _____

REASON FOR REFERRAL: _____

DATE OF GA APPLICATION: _____ CASE STATUS: _____

Caseworker's Signature/Date

PART II (FOR USE BY NAVAJO NATION TANF OFFICE)

TO : _____ OFFICE: _____

APPLICANT : _____ SS#: _____

DECISION ON REFERRAL: _____

Caseworker's Signature/Date

PART III (FOR USE BY FINANCIAL ASSISTANCE UNIT)

TO : _____ OFFICE: _____

APPLICANT : _____ SS#: _____

GA HAS BEEN APPROVED EFFECTIVE: _____ AMT.: (IG) _____ Monthly Grant: _____

EFFECTIVE DATE OF CLOSURE: _____ REASON: _____

DENIAL: _____ REASON: _____

NO. IN HOUSEHOLD: _____

Caseworker's Signature/Date

PART IV (FOR USE BY NAVAJO NATION TANF OFFICE)

TO : _____ OFFICE: _____

APPLICANT : _____ SS#: _____

TANF DATE OF APPROVAL: _____ AMT.: _____

REASON FOR DENIAL

Caseworker's Signature/Date



THE
NAVAJO
NATION

DIVISION OF SOCIAL SERVICES

FINANCIAL ASSISTANCE

MEMORANDUM

TO :

FROM :

DATE :

SUBJECT: Referral for TWEP Participation

This will certify _____ Census # _____
is eligible to work under Division of Social Services Tribal Work Experience Program.

Client would like to be placed & begin work on _____.

Home Improvement Project: _____.

On the Job Training: _____.

Other: _____.

Location of Home: _____.

If you have any questions, please contact the Caseworker at () .

- (Attached is a timesheet due in the office on the 10th day of each month without delay).

Acknowledgement:

Consumer's Signature/Date



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES
FINANCIAL ASSISTANCE

TWEP EDUCATION/TRAINING REQUEST FORM

Date of request: _____

Requested by: _____ DEPT: _____

Location of project: _____

Supervisor for the project: _____

Type of nature of project: _____

Length of project: _____

Number of trainees needed: (Male) _____ (Female) _____

What type of training will the workers receive from this project? _____

Would you consider hiring trainee if job becomes available?

Yes: _____ No: _____ Why not? _____

(A MONTHLY EVALUATION REPORT ON THE TRAINEE MUST BE SUBMITTED TO THE REGIONAL CASEWORKER SUPERVISOR TO ENSURE PROPER TRAINING IS BEING PROVIDED.)

(MUST PROVIDE COUNSELING FOR PROBLEM TRAINEES WHILE ON THE PROJECT.)

(THE MATERIAL BE AVAILABLE TO THE TRAINEES.)

(PLEASE ATTACH THE JOB DESCRIPTION)

.....

CASEWORKER SUPERVISOR APPROVAL: _____

CASEWORKER SUPERVISOR DISAPPROVAL: _____



THE
**NAVAJO
NATION**
DIVISION OF SOCIAL SERVICES
FINANCIAL ASSISTANCE

RELEASE TO RETURN TO WORK

Name _____ DOB : _____

Social Security No: _____ Census No: _____

Date of Visit _____

Diagnosis _____

() The patient has been examined and is able to return to work _____ (date).

() Due to medical illness, the patient is unable to return to work from _____ to _____.

() The Patient is able to return to work but must perform only rest from _____ to _____

Restrictions include: _____

Return visit required on _____ (date).

I certify that the above information reflects my professional opinion.

PROVIDER'S SIGNATURE

DATE

I hereby give permission for FHP to release my medical information to Financial Assistance Unit. Please return this form within ten (10) days to determine my Financial Assistance eligibility.

WORKER NAME/TITLE/DATE
SIGNATURE/DATE

CONSUMER'S



THE
NAVAJO
NATION
DIVISION OF SOCIAL SERVICES

Date : _____

Name : _____

SS# : _____

District Office
Social Security Administration

To Whom It May Concern:

I believe I, _____ am eligible for SSI. Please arrange for a representative to discuss my eligibility with me.

In connection with my application for an SSI payment and for the purpose of clarifying whether or not I am eligible for Financial Assistance, you are authorized to release information as to whether or not I am found eligible for an SSI payment to:

DIVISION OF SOCIAL SERVICES
Financial Assistance Unit
P.O. Box

If I am eligible, you are authorized to advise the Agency as to the effective date and amount of the first SSI payment. This consent for you to give such information about me is valid unless revoked.

Presently, I receive Financial Assistance for myself and my family totaling _____ persons in the amount of \$_____.

*If potentially eligible Indian person is a minor, the letter will be signed by an adult legally responsible for the child and the child's name given in the body of the letter.

Consumer Signature/Date

****TRANSPORTATION EXPLANATION:** _____

****SPECIAL NEEDS/COMMENTS:** _____

TOTAL COST: \$ _____

CERTIFICATION:

THERE ARE NO FURTHER CHARGE(S) ASSESSED OR NOT DISCLOSED TO NDSS. THE CHARGES SHOWN ARE THE TOTAL CHARGES ASSESSED BY THE FUNERAL HOME, INCLUDING ALL CHARGES BY OUTSIDE PARTIES.

FURTHER, THERE ARE NO ADDITIONAL SERVICES, MERCHANDISE, OR MISCELLANEOUS CHARGES ORDERED BY THE FAMILY, AFTER THE FACT, OTHER THAN THOSE DISCLOSED BY THE FUNERAL HOME.

THE APPLICANT WAS INFORMED OF THE NAVAJO NATION INDIGENT BURIAL PROGRAM AND IT'S INDIGENT BURIAL PACKAGE.

FOR THE APPLICANT:

FOR THE MORTUARY:

FOR THE NAVAJO NATION:

Applicant:

Mortuary Representative:

Caseworker:

DATE:

DATE:

DATE:

xc: AGENCY
ACCOUNTING SECTION

DSS-Financial Assistance Unit

OVER-PAYMENT SHEET

CASE NAME

CENSUS #

O/P BALANCE

[illegible]

THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES

Date: _____

Case Name: _____ Census# _____ Case# _____

Address: _____

☐

Overpayment

☐

Underpayment

<u>Month/Year</u>	Grant Amount Received	Grant Eligible for	Overpayment	Underpayment

1. Explained the circumstance and reason for over and underpayment: _____

2. What date did the Caseworker first learn of situation and through what source: _____



NAVAJO NATION DIVISION OF SOCIAL SERVICES

FORMS: YOUTH HOME SERVICE GUIDE

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TYPE OF PLACEMENT:

☐ 72-hours ☐ Short-term (up to 3 months) ☐ Long-term (3 months +)

Name: _____ Age: _____ Placement Date/Time: _____

DOB: _____ CIB#: _____ Soc. Sec. Number: _____ Placed by: _____

Dept/Agency: _____ Reason for Emergency Placement: _____

Is family contact allowed? Yes/ No If yes, by whom and relationship to child: _____

Any allergies? Yes/ No (If yes) List: _____

Is the child on medication? Yes/ No (If yes) List: _____

Emergency Contact: _____ Relationship to child: _____

Phone #: _____ Alternate Phone #: _____

Planned Date/ Time of Pick up: _____

Authorized Person/ Title/ Dept: _____

I, the undersigned hereby apply for placement of the above named minor child to Youth Home. I authorized the Youth Home to receive and release confidential information and coordinate services with other Human Service Agencies as referred by authorized social worker/CMS. I, as the person placing the child, understand that the time of stay will not exceed (72) hours unless appropriate provisions for short or long term placement is arranged through case staffing. I release the Youth Home of any liability while my child is residing at the youth home. I, also have received a copy of the admissions criteria.

Print Authorized Name/ Title/ Agency

Signature/ Date

Print YH Staff Name

Signature/ Date

Print YH Resident Name

Signature/ Date

* * * * * To be signed at time of discharge * * * * *

Date/ Time of Release: _____

Released to: _____

Print YH Resident Name

Signature/ Date

Print Authorized Name/ Title/ Agency

Signature/ Date

Print YH Staff Name

Signature/ Date

RESIDENT PROFILE:

Name: _____ Gender: M/ F Age: _____ DOB: _____ SS# _____

Ethnicity: _____ CIB#: _____ Hospital Chart #: _____ Location: _____

Mailing Address: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Complexion, Scars/ Marks: _____

Psychological Evaluation: Yes/ No if yes: Date/ Location: _____

Medication(s): _____ Allergies: _____

Last School Attended (City/ State): _____ Grade: _____ Individual Education Plan: Yes/ No

Maternal Clan: 1st) _____ 2nd) _____

Paternal Clan: 1st) _____ 2nd) _____

FAMILY INFORMATION:

Father: _____ Mother: _____

of Brother(s): _____ Name(s): _____

of Sister(s): _____ Name(s): _____

Guardian(s): _____ Relation to Resident: _____

Family Religion: _____ Resident's Preference: _____

SOCIAL WORKER INFORMATION:

Name/Title: _____ Agency: _____

Agency Address: _____

Telephone #: _____ Fax #: _____

MENTAL HEALTH/ OTHER COUNSELING SERVICE INFORMATION:

Name/ Title/ Agency: _____

Reason for referral: _____

Duration of Service: _____ Type of Discharge: _____

OTHER SERVICES

Name/ Title/ Agency: _____

Reason for referral: _____

Duration of Service: _____ Type of Discharge: _____

Name/ Title/ Agency: _____

Reason for referral: _____

Duration of Service: _____ Type of Discharge: _____

CONSENT FOR SPIRITUAL PARTICIPATION:

I, Parent/Guardian of _____ give the YOUTH HOME my permission to allow my child to participate in the following religious or spiritual activities:

(Please Initial on the line for each activity approved)

- _____ Native American Church (NAC)
- _____ Traditional Navajo Ceremonies/ Practices
- _____ Sweatlodge
- _____ Christian Domination, specify: _____
- _____ None of the above

To occur as planned by and under the supervision of the YOUTH HOME, at those locations available. I also recognize that the ceremony may not always be available or be in the religion of choice, but this fact will be explained clearly to my child. I understand that my child will also have the right to refuse to participate with no recourse to him/her for non-participation. I recognize that my child's spiritual participation will be contingent on the coverage of staff and the Level System within the _____ Youth Home.

_____ Print YH Resident Name	_____ Signature/ Date
_____ Print Parent/Legal Guardian Name	_____ Signature/ Date
_____ Print Authorized Worker Name/ Title/ Region	_____ Signature/ Date
_____ Print YH Staff Name	_____ Signature/ Date

CONSENT FOR HAIR REMOVAL:

Resident Name: _____ DOB: _____ Age: _____

I, Parent/Guardian of _____ authorize my child to receive the following hair removal actions:

(Please Initial on the line for each approved activity and circle by whom)

- _____ Haircuts by: 1) Self 2) Licensed cosmetologist 3) Other
- _____ Shaving Legs: 1) Self 2) Licensed cosmetologist 3) Other
- _____ Tweezing Eyebrows: 1) Self 2) Licensed cosmetologist 3) Other
- _____ Facial Shaving: 1) Self 2) Licensed cosmetologist 3) Other
- _____ None of the above

I, _____ (resident) understand the authorized consent above.

I, also, understand that should I receive any unauthorized hair removal during any home visitations and/or checkouts, it may result in a demotion on my level status.

I, _____ (resident) understand that I am not allowed to receive any tattoos, body piercing, hair coloring or other activities that are considered self-mutilations while a resident at the Youth home. This includes being at school, on home visitations/checkouts and participating in other outside activities.

Print YH Resident Name

Signature/ Date

Print Authorized Parent/Legal Guardian

Signature/ Date

Print Authorized Name/ Title/ Agency

Signature/ Date

Print YH Staff Name

Signature/ Date

MEDICAL CONSENT

Client Name: _____ DOB: _____ Age: _____

Hospital #: _____ Medicaid #: _____ Census #: _____

Name of Hospital/ City/ State: _____

I, the Social Worker/CMS/Parent/Guardian of _____ authorize the _____ (local medical facility) to provide the following Medical Services to my child, through referrals by the Youth Home:

I, the Social Worker/CMS/Parent/Guardian of _____ authorize the Youth Home to refer my child to receive their physical, dental and eye examinations outside the _____ (local medical facility). Services provided through acceptance of resident's state medical benefits (Medicaid, ACCESS, etc.).

I, the Social Worker/CMS/Parent/Guardian of _____ authorize the Youth Home to transport my child to and from localities where health services are provided.

I, the Social Worker/CMS/Parent/Guardian of _____ authorize the Youth Home to administer the following over the counter medication to my child as necessary:

Check all medications that apply:

<input type="checkbox"/>	Acetaminophen (Tylenol, etc.)	<input type="checkbox"/>	Aspirin
<input type="checkbox"/>	Ibuprophen (Motrin IB, Advil, etc)	<input type="checkbox"/>	Diarrhea Medication (Imodium, etc.)
<input type="checkbox"/>	Cough Syrup (non-alcohol)	<input type="checkbox"/>	Decongestant (Sudafed, etc.)
<input type="checkbox"/>	Allergy Medication	<input type="checkbox"/>	Antihistamine (Benedril, Chlortrimeton, etc.)
<input type="checkbox"/>	Anti-fungal Foot Cream (athletes' foot medication) Clotrimazole Cream	<input type="checkbox"/>	Ant-acids (Malox, etc.)
<input type="checkbox"/>	Anti-bacterial ointments (Bacetracin, Neosporin, etc.)	<input type="checkbox"/>	Acne Medication (Benzyl Peroxide)
<input type="checkbox"/>	Medicated Shampoo (Selsun Blue, etc.)	<input type="checkbox"/>	Lip Balms/Sun block Lotion
Other Medication. Please List.			
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Print YH Resident Name_____
Signature/ Date_____
Print Parent/Legal Guardian Name_____
Signature/ Date_____
Print Authorized Name/ Title/ Agency_____
Signature/ Date_____
Print YH Staff Name_____
Signature/ Date

RESIDENT ACKNOWLEDGEMENT OF HOUSE RULES AND GUIDELINES

Name: _____ Age: _____

DOB: _____ Placement Date: _____ Agency: _____

This is acknowledgement that I have read or have had read to me the checked items below and that I understand the contents. BY CHECKING THE ITEMS, I ACKNOWLEDGE THAT I RECEIVED A COPY OF THE DOCUMENT FOR MY INFORMATION AND REFERENCE.

☐ The **Level System**: Orientation, Level 1, Level 2, Level 3, Level 4 and Demotion:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

☐ The **Rules and Guidelines**:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

☐ The **Behavioral Log** and the **Weekly Self Evaluation** as related to the Behavioral Log:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

☐ The **Resident Code of Conduct**:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

☐ The **Resident Rights**:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

☐ The **Resident Grievance Process**:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

☐ The **Resident Allowance System**:

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

If at anytime, a **behavioral contact** is developed with Youth Home staff, I understand that I may be requested to re-read the above material to state that I indeed understand the contents of the above material.

_____ Resident Signature	_____ Date	_____ YH Staff Initial
-----------------------------	---------------	---------------------------

RESIDENT AUTOBIOGRAPHY

To get to know more about residents in the Youth Homes, there are requirements for Youth Home residents. One of which is the Resident Autobiography below. Please answer as honestly and complete as possible.

Resident Name: _____ Age: _____ Date of Placement: _____

This is not a test, so please don't be afraid, get upset or be nervous. There is no right or wrong answers. This is a written assignment for you to write about yourself. Write as much as you can and to the best of your knowledge. This assignment will be based on your background in regards to yourself, your family, spirituality, education, health, medical, legal status, substance abuse/use and mental/emotional state.

Remember, this will all be kept confidential unless we are mandated by law to report any information given. The purpose of this assignment is to review and evaluate your life history. The goal is to improve in needed areas, which is our program's goal: to help you become a more effective and productive young Native American. 😊

SELF/ FAMILY STATUS

- What is your name, your age, birthday, where were you born? _____

- Who are your parents? Brothers/Sisters? (List names/ages) _____

- What do you like about your family? Family strengths? _____

- What would you change about your family? _____

- What is a most memorial moment that puts a smile on your face or makes you happy?

- List your favorite hobbies: _____
- What would you like to learn more about while you're in the youth home? _____

SPIRITUALITY STATUS

- What is your Spiritual preference or What do you consider as a Higher Power? _____

- Have you practiced any ceremonial activities? (sweatlodge, church meeting, etc.) _____

- What are some of the teaching you've learned from your parents, grandparents or other family members? _____
- What would you like to learn more about or practice while you're in the youth home?

EDUCATION STATUS

- What grade/school are you currently in or had completed? _____

- What is your favorite subject? _____
- What subject is difficult for you? _____
- What do you like about school? _____
- What do you dislike about school? _____
- Were you suspended or expelled from school? If so, why? _____

- What school activities such as sports/clubs have you participated in? _____
- What is your academic goal? _____
- How can the youth Home help you make improvements with school? _____

HEALTH/ MEDICAL STATUS

- Do you consider yourself to be a healthy young teenager? Why or Why not? _____

- Do you have or had any health related problems or concerns? _____
- Are you allergic to any medication or materials? _____
- Are you or have you taken prescribed medication that was prescribed through a mental health doctor? If so, what kind? _____
- Have you been in a car accident or had any serious injuries? _____

LEGAL STATUS STATUS

- Do you have or have had charges filed against you? Yes/ No If so, describe: _____

- Have you served time in jail/detention? Yes/ No If so, why? _____

- Do you have or have had to do community service? Yes/ No If so, why? _____

- Are you or have you been assigned a juvenile parole officer? Yes/ No If so, describe: Why/who/where? _____
- Have you pressed charges upon anyone before? Yes/ No If so, who/ why? _____

SUBSTANCE ABUSE STATUS

- Have you experimented with alcohol or any illegal drugs? Yes/ No If so, what kind/when was your last use of alcohol or illegal drug? _____
- Have you been in a treatment facility? Yes/ No If so, indicate the name, location and if your completed the program. _____

- Have you been craving or been tempted in using alcohol or any illegal drugs, while a resident at the youth home? Yes/ No If so, what have you been craving?

Please rate: 0 1 2 3
 None Little Plenty Always

- Do you feel that your family has a problem with alcohol or any illegal drugs? Yes/ No
If yes, who/why? _____
- What topics relating to substance abuse would you like to learn about while in the youth home?

MENTAL/ EMOTIONAL STATUS

- When you look in the mirror, how would you describe your feelings about yourself?

- What do you like about yourself? Your strengths? _____

- What makes you happy? _____
- What makes you unhappy? _____
- Evaluating yourself, do you feel that you're more happy or more unhappy? _____
Why? _____
- What would you like to change about yourself? _____
- How do you handle your anger? _____
- How do you handle your depression? _____
- What would you consider as a short-term goal (less than one year)? _____

- What would you consider as a long-term goal (over a year)? _____

- What topics would you like to learn about while in the youth home? _____

- Any additional comments/suggestions/concerns, you may have: _____

I have answered these questions honestly and to the best of my knowledge. I have understood each question and answered without intimidation or coercion from any youth home staff or others involved with my placement in the youth home.

Resident Signature

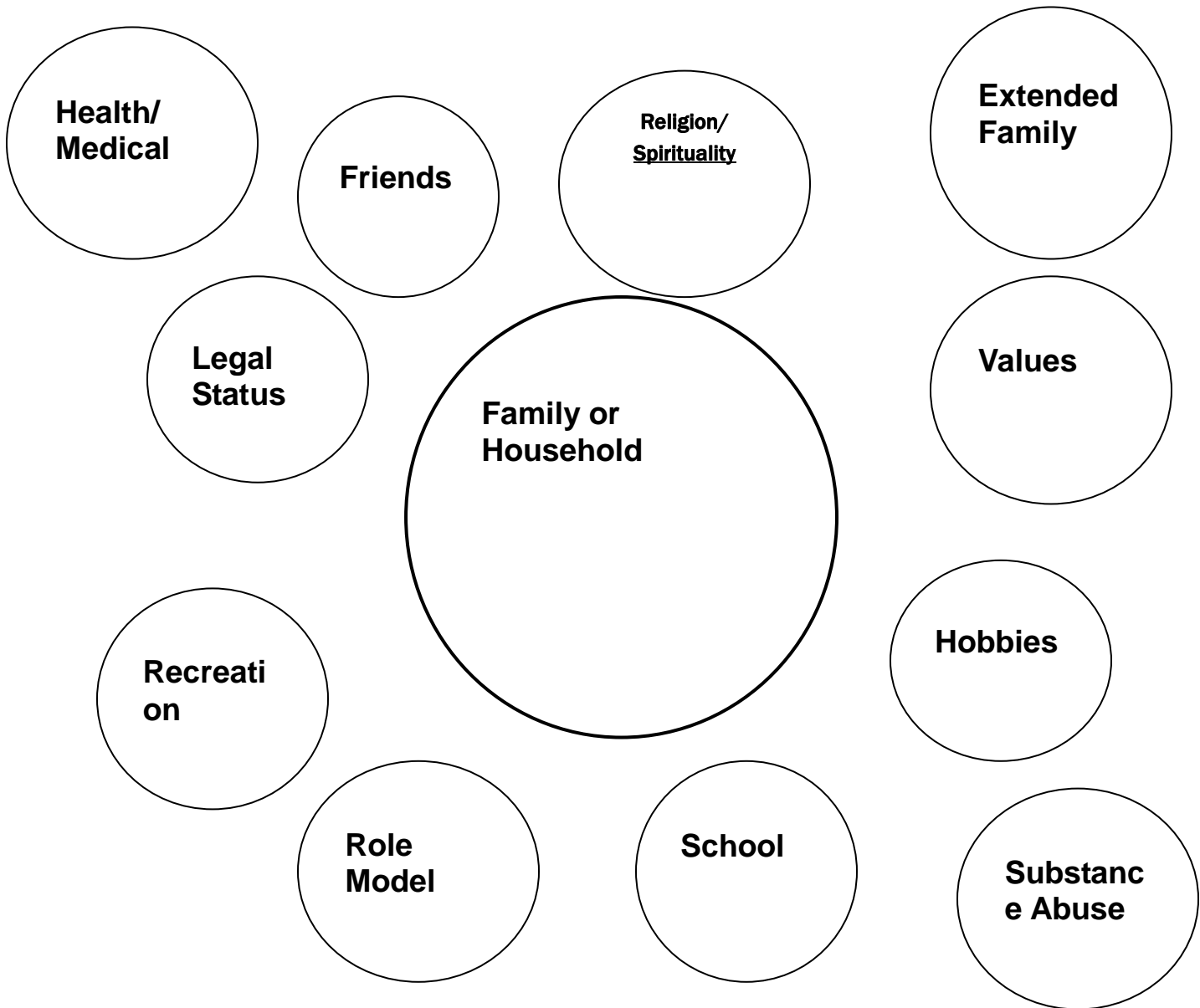
Date

Counselor Signature

Date

RESIDENT ECO-MAP

Resident Name: _____ Age: _____ Date of Placement: _____



- Fill in connections where they exist.
- Indicate the nature of connections by drawing different kinds of lines:
///// Stressful Feeling, ----- Average, ——— Strong Positive Feeling

Resident Signature

Date

Counselor Signature

Date

RESIDENT WEEKLY BEHAVIORAL LOG:


Resident: _____ Level: _____ Avg. points last week _____ this week: _____

This week's goal: _____

BEHAVIOR RATING SCALE:

	Uncooperative ☹	Good ☺	Excellent ☺	
	0	1	2	

Staff: Please submit incident reports on any "0" given for each client per shift.

Month:		M	T	W	T	F	S	S	Total
6:00am- 2:00pm	Rules and Guidelines								
	Peer Interaction								
	Staff Interaction								
	Weekly Goal								
	Public Interaction								
	Group Session								
	Restriction/Incident Reports (✓)								
	Staff Initial								
2:00pm- 10:00pm	Rules and Guidelines								
	Peer Interaction								
	Staff Interaction								
	Weekly Goal								
	Public Interaction								
	Group Session								
	Restriction/Incident Reports (✓)								
	Staff Initial								
Total Points									
Total Points _____ Divided by # of points given _____ = Avg. Points 									
<input type="checkbox"/> Points exceeded over 1.5/ Eligible for promotion next week. Client given list of objective to complete for promotion to the next level.	<input type="checkbox"/> Promoted on the Level System. ✓ Client exceeded 1.5 twice in a row. ✓ Client has complete objectives required for the next level.	<input type="checkbox"/> Remain status on the Level System. Client has met 1.50 goals/non-completion of objectives.	<input type="checkbox"/> Remain status on the Level System (1.00- 1.49)	<input type="checkbox"/> Demotion on the Level System (.99 or lower)	# of incident reports :				
		Level I: \$4, Level II: \$6, Level III: \$8, Level IV: \$10 Forfeited Allowances: Ditching, alcohol, illegal drugs, violent behaviors toward peers/staff, fighting, altercations, smoking. 1- incident report is forgiven, 2- incident reports is minus \$1 3- incident reports is minus \$2, 4- incident reports is forfeited			Allowance earned \$				

Resident Signature/Date

Counselor Signature/Date

RESIDENT WEEKLY EVALUTION LOG

Resident: _____ Weekly Self Behavior Evaluation:

0

Non-Compliant

1

Okay


2


Good

3

Excellent

BEHAVIORAL LOG:


 Rules and Guidelines: (carrying out and following the rules and guidelines in regards to chores, hygiene, waking up, staff directive, table manners, etc.):


 Peer Interaction: (relationship with other YH residents, being respectful about others' boundaries, expressing concern for others):


 Staff Interaction: (relationship with YH staff/ follow directives/ respectful/ concerns):

House parents: _____

Counselors: _____


 Weekly Goal: (What was your goal? How did you do? Do you think you improved or still need to work on it?):


 Public Interaction: (Where in public-community did you go? Do you feel that you were well behaved/respectful/concerns?):


 Group Session: (List the topics of the group sessions given. Did you find it to be helpful? What topics would you like to review?):


OTHER:

 Family Relationship: (Any communication with family this week/ feelings toward family/ concerns):

 Academic Education: (How was school this week? What kind of grades did you make? Do you feel you need assistance and/or tutoring?):

 Leisure Time: (How did you spend your free time this week? Do you have any requests or concerns):

 Attitude: (How did you feel this week? If you became upset, what made you upset? What made you happy?):

 Did you experience any Disciplinary Actions this week? (Reasons of Restrictions/In-school suspension/ concerns):

 Comments: _____

I have answered these questions honestly and to the best of my ability. I have reviewed this evaluation with my counselor. I understand and agree with this evaluation.

Resident COMMENTS:

Resident Signature

Date

Counselor Signature

Date

RESIDENT HOME VISIT

I, the PARENT/LEGAL GUARDIAN of _____, take full responsibility for my child who is a resident of the _____ youth home during the home visitation.

Starting Date/Time: _____ Return Date/Time: _____

Reason for check out: _____

Special Instructions: _____

Responsibilities of Parent(s)/Guardian(s):

- I agree to supervise and accept full responsibility for my child while in my care.
- I agree to report both the positive and negative behavior of my child while in my care.
- I agree to provide a safe environment for my child at all times, which includes avoiding witnessing or participating in any domestic violence, substance abuse, etc.
- I will not allow my child to receive any tattoos, body piercing or hair coloring while on home visitation.
- I agree to ensure medication management is followed and to take my child to any scheduled appointments while in my care (if applicable).

Medication received: _____

Scheduled appointment(s): _____

- I agree to return my child to the Youth Home on the designated date and time. If I am late, I will call and inform the Youth Home Staff at (_____) _____.

Responsibilities of Youth Home Resident:

- I agree to stay in _____'s care at all times.
- I agree to be respectful of family, the community and myself.
- I agree to not participate in any negative activities, such as running away, using drugs/alcohol, fighting, burglarizing and violating any tribal, state or federal laws.
- I will not participate in or receive any tattoos, body piercing or hair coloring activities.
- I agree to call the Youth Home, should I encounter any problems with family.
- I understand that any misconduct may result in a demotion of my level status.

I release the YOUTH HOME of any liabilities while my child is on their home visitation/ check out. I understand, accept and will adhere to both the parent/guardian and the resident responsibilities while on home visitation/check out status.

Print YH Resident Name

Signature/ Date

Print Parent/Guardian Name

Signature/ Date

Print YH Staff Name/Title

Signature/ Date

* * * * * **To be completed upon return of resident** * * * * *

Return Date/ Time: _____ ☐ Home visitation Evaluation Form/ ☐ Medication

Resident Signature

Parent/Guardian Signature

YH Staff

Starting Date/Time:_____ Return Date/Time:_____

   **To be completed by the responsible Parent/ Guardian before returning your child**   

Summarize your family visitation with your child/ List any positive and negative behaviors/ Requests/ Concerns:

Prescribed Medications given? ☐Yes ☐No: _____ ☐ No Prescribed Medications
(Reason)

Attend scheduled appointments? ☐Yes ☐No:_____ ☐ No appointments
(Reason)

   **To be completed by YH Resident after returning from home visitation/check out**   

Rate your overall visitation:

1 2 3 4 5
(difficult) (okay) (excellent)

Summarize your family visitation by each day/List any Requests or Concerns/Use back paper if you need more space:

☐ Processed with counselor on _____(initial) _____

Inventory for Home visitation/ Check out

Items taking on Home Visitation/ Check out					Returning Inventory			
YH Staff	Resident Initial	Items	Color/ Description	#	(✓) returned	Resident Initial	YH Staff	Comments

New Incoming Inventory (NII) / Returned Contraband (RC)							
(✓) NII	(✓) RC	Items	Color/ Description	#	Resident Initial	YH Staff	Comments

RESIDENT EXIT REPORT

Name: _____ Age: _____ DOB: _____ Level Status: _____

Name of Social Worker/CMS: _____ Agency: _____

Date of Placement: _____ Date of Discharge: _____

Reason for Youth Home placement: _____

Grade: _____ School: _____

Medication(s) returned at discharge: _____

Referrals provided by the Youth Home through SW/CMS:

Name/Title/Agency: _____

Telephone #: _____ On-going? ☐ Yes ☐ No, Discharge date: _____

*** * * * * To be completed by Social Worker/CMS * * * * ***

After Discharge from the YH, the YH will conduct a case follow-up 90 days after discharge:

Placement with _____ Phone: _____

Residing Location (if needed, use back of this form to draw a map): _____

Comments: _____

This Exit Report verifies that _____ (resident name) is discharged from the Youth Home _____ (date/time).

Print Authorized Name/ Title/ Agency

Signature/ Date


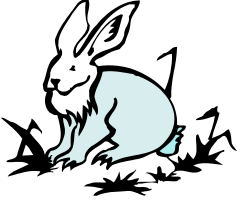

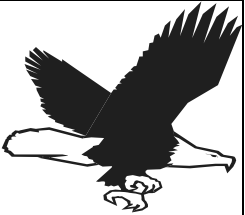
Print YH Staff Name

Signature/ Date

Print YH Resident Name

Signature/ Date

RESIDENT CHECK FORMATS

<p>Youth Home P.O. Box XXX Navajo Nation, USA</p>  <p>Pay to the order of _____</p> <p>Allowance Check in the amount of \$ _____</p> <p>Check dated _____ Counselor: _____</p> <p>“To be cashed only by the Youth Home Bank of the Navajo Nation”</p> <p>1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 8 0 9 0</p>	<p>Youth Home P.O. Box XXX Navajo Nation, USA</p>  <p>Pay to the order of _____</p> <p>Allowance Check in the amount of \$ _____</p> <p>Check dated _____ Counselor: _____</p> <p>“To be cashed only by the Youth Home Bank of the Navajo Nation”</p> <p>1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 8 0 9 0</p>
<p>Level 1 – Turtle Allowance Amount - \$4.00 per week</p>	<p>Level 2 - Rabbit Allowance Amount - \$6.00 per week</p>
<p>Youth Home P.O. Box XXX Navajo Nation, USA</p>  <p>Pay to the order of _____</p> <p>Allowance Check in the amount of \$ _____</p> <p>Check dated _____ Counselor: _____</p> <p>“To be cashed only by the Youth Home Bank of the Navajo Nation”</p> <p>1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 8 0 9 0</p>	<p>Youth Home P.O. Box XXX Navajo Nation, USA</p>  <p>Pay to the order of _____</p> <p>Allowance Check in the amount of \$ _____</p> <p>Check dated _____ Counselor: _____</p> <p>“To be cashed only by the Youth Home Bank of the Navajo Nation”</p> <p>1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 8 0 9 0</p>
<p>Level 3 – Buffalo Allowance Amount - \$8.00 per week</p>	<p>Level 4 – Eagle Allowance Amount - \$10.00 per week</p>



NAVAJO NATION DIVISION OF SOCIAL SERVICES

Description of forms

GENERAL FORMS FOR NDSS	
Sign in/Out Sheet	To document access to records, is to be in all NDSS consumer records
Release of Information	Written authorization by consumer to disclose confidential information
NDSS Privacy Statement	Inform consumer of the privacy act and right to confidential information
NDSS Client Rights	Inform consumer of his/her rights when receiving social services
Referral	Referral of consumer to NDSS Specialty Services and Community resources
Case Staffing/Consultation	Staffing cases with supervisor or peer review teams
Narrative/Progress notes	Document activities pertaining to consumer services
Supervision Record	Documentation of technical assistance by the supervisor
Supervision Plan	Document Plan for supervision with worker and Supervisor
Payment Tracking Sheet	Document consumer payback on Financial over payment or cost of care
Incident/Accident Report	Complete when a consumer is involved in and incident or accident.
Closure Summary	Document in Case Narrative when a case is closed.
Notice-Denial	Grievance policy applies to all services
Notice-Appeal	Grievance policy applies to all services
Notice-Referral denial	Grievance policy applies to all services
GENERAL INTAKE	
Intake	General to begin services in Family & Financial Services
Letter of Notification	Initial written notice to referral individual on report to NDSS
APPLICATION	
NDSS Application for Service	Used to determine eligibility for services in Family & Financial, use minimum annually to determine eligibility for services.
MAP	To ascertain the specific location where consumer can be located, used by FSU and FAU
Eligibility re-determination	To determine continued eligibility, complete minimum six months after the full application is completed. Not for one time assistance programs
Client rights & responsibilities	applies to all services as part of application
NNDSS Confidentiality Statement	applies to all services as part of application
Income Verification	To determine the need for financial services
CHILD PROTECTION SERVICES	
Notification on Abuse/Neglect	Report to Local Law enforcement on all priority I & II
Assessment- Safety and Plan	To determine consumer safety
Assessment of Strength & Needs	To determine the strengths of the family unit
Assessment on Risk of A/N	Assess the risk of the child in the home
CPS Assessment Summary (long)	Used when removal was not necessary and service can be recommended to continue or be closed.
ADDITIONAL FORMS NECESSARY WHEN A CHILD IS TAKEN INTO CUSTODY	
CPS Assessment Summary	When a child is taken into custody and dependency is being requested.

Temporary Custody Notice	Used when a child is taken into custody for safety
Out of Home Placement	Document when a child is taken into custody and copy forward to the foster care specialist. Original stays in case record.
Emergency Foster Home Study	Applies only when a child is placed in out of home in an unlicensed home. Copy is to be sent with referral to the foster care specialist for licensing of the home.
ADULT-ELDER PROTECTION SERVICES	
Adult protection services Assessment summary	Assessment on Adult/Elderly to determine the risk and safety level of the referred adult/elder.
Out of Home Placement	When an adult or elder is being placed for safety reasons
CHILD CASE MANAGEMENT	
Child Case Plan	Initial case plan for the child
Updated Case Plan	Updated as objectives are met or minimum six months.
Visitation Plan	Attachment to the case plans for specific visitation guidelines
Social Summary	Completed on the family unit one time
Social Summary Addenda	Completed on the family unit minimum two years or as needed depending on changes in the family
Out of Home placement information	Document all out of home placements of the consumer used case work services.
Placement tracking form	When consumer is placed in out of home care, document placement/date.
North Carolina Family Assessment Scale 2.0 (NCFAS)	Assessing family functioning in child case management services and Promoting safe and stable families programs.
Eco Map/Genogram	Used to assess family functioning in child care cases
ADDITIONAL FORMS TO BE COMPLETED IF CHILD IS OUT OF HOME CARE	
Placement Information	Complete and submit to the foster parent for information on the child
Special Rates Evaluation	To determine if special needs rates apply for child's care
Court Report Forms	Complete if the child is under court services. Court reports when child is taken into custody, CHINS, relinquishment of parental rights, adoption, or guardianship
Foster parent report	Report to be attached to the Disposition /review reports to the court
Foster Care Review Board Referral	Complete and send to foster care specialist if child has been in out of home care for five months.
ADULT-ELDER CASE MANAGEMENT	
Voluntary consent for services	Any adult unless declared incompetent is to consent for social services
Casework Planning form	Goals and objectives for consumer to maintain safety or self sufficiency.
Home Care case plan	Specific goals and objectives to prevent out of home care
Home Care Agreement	Specific time/tasks for home care services
Home Care Contact Sheet	Documentation of activities in compliance with HC case plan
Social summary	Initial history of the consumer.
Social summary addenda	Any subsequent changes and additions affecting the consumer, to be updated every three years minimum.
Eco Map/Genogram	Used to assess family functioning in adult care cases
Placement Tracking Form	Document when consumer is in out of placement and date of placement
Court report for adult guardianship	Court report on alleged incompetent adult & recommendations for guardianship

FINANCIAL ASSISTANCE CASE MANAGEMENT	
Income Verification	Used for verification of assistance from NDSS programs.
Face Sheet	Document household composition
Verification of residency for FA	Chapter verification of consumer residency
ISP Policy Guidelines	Guidelines for E-1& E02 in seeking self sufficiency
ISP Planning Form	Goals and objectives specific to consumers self-sufficiency
Social Security letter	Referral to the Social Security Administration on FA
Employment Seeking form	Documentation of efforts to seek employment
Department of Labor letter	Request for verification on unemployment compensation
Referral for case assistance	Referral to PSR(TANF) to determine consumer eligibility
Request for TWEP assistance	Completed by resource in requesting TWEP assistance
Referral for TWEP Participation	Job placement documentation
Release to return to work	Verification for consumer to return to employment status
Overpayment/Underpayment	Documentation of payment over/under generated to consumer
Affidavit for Lost/Stolen Check	Documentation of check not received or cashed by recipient
Case summary of Need	One time assistance for LIHEAP/CSBG applicants in lieu of narrative.
Funeral Good and Services	Burial assistance payment documentation
SPECIALITY SERVICES FORMS	
Treatment plan	Plan for permanency, updated minimum three months.
Client rights & responsibilities for services	Use for specialty programs intense case services. Form is the voluntary consent for specialty services.
Monthly Report	Completed and sent to assigned worker at end of each month
Referral to NCFS	Referrals for services provided by Navajo Children & Family Services
North Carolina Family Assessment Scale 2.0 (NCFAS)	Assessing family functioning in child case management services and Promoting safe and stable families programs.